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ABSTRACT

This annotated bibliography lists books, papers, manuscripts and articles on higher education curricula for integrated service providers in the fields of health education and social service for at risk children, youth, and their families. The original project that produced the bibliography aimed to prepare professionals to understand the need to coordinate services for at risk populations at the local level and to have the knowledge and skills to develop locally integrated services for families. The bibliography is organized in sections with a brief description of content at the beginning of each section. Section 1, on descriptions and evaluations of integrated services programs contains 65 entries. Section 2 contains 47 entries concerned with the policies, practices, procedures, theories, speculation, assumptions, and concepts of integrated services programs. Section 3 contains 25 entries on technical assistance and resources for modeling, questions and answers, and problem solving. Section 4 contains 35 entries on interprofessional education and training programs at the college and inservice levels, on the need for such training, and on suggested courses. Section 5 lists 8 resource directories and bibliographies. Section 6 lists 17 publications of general interest in understanding challenges facing children and their families. Publications dates range from 1981 to items "in press" at the time when the bibliography was published. (JB)

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HIGHER EDUCATION CURRICULA FOR INTEGRATED SERVICES PROVIDERS

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HIGHER EDUCATION CURRICULA FOR INTEGRATED SERVICES PROVIDERS

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September 29, 1995

This publication was made possible through a grant, number MCJ415093, from the United States Department of Health and Human Services, Maternal and Child Health Bureau, Division for Children with Special Health Care Needs, and Teaching Research Division of Western Oregon State College in Monmouth, Oregon.

PREFACE

At risk children, youth and their families are frequently served by a variety of health, education, and social service agencies. Lack of coordination often results in overlap of services, duplication of efforts, and large gaps that do not fill the family needs. In order to improve family-centered and integrated services at the local level, Teaching Research Division of Western Oregon State College received funding from the Maternal and Child Health Bureau's Division for Children With Special Health Care Needs to assist colleges and universities in preparing health, education and social service professionals to leave the university with (a) an understanding of the need to coordinate services at the local level and (b) knowledge and skills to effect locally integrated services for families with at risk children and youth.

In order to accomplish this goal, one of the project's activities was to collect and disseminate information regarding integrated services efforts and higher education interprofessional education programs. The results of this undertaking form the basis for this annotated bibliography.

This publication includes books, papers, manuscripts and articles from literature data bases such as ERIC and PsychLit, as well as personal contact with authors. Many of the entries contain additional references and lists of resources.

The annotated bibliography is organized in the following sections with a brief description of content at the beginning of each section:

*Descriptions and evaluations of integrated services programs
*Policies, practices and theories
*Technical assistance resources
*Interprofessional education and training programs
*Resource directories and bibliographies
*Publications of interest in understanding challenges facing children and their families

The information included in this publication is of interest to students, practitioners, course instructors, university administrators and community members working toward improving coordination and integration of services to children and their families. Libraries will find this a useful reference instrument for those researching specific areas of integrated services. In the interest of sharing information, readers may photocopy this document "at will."

A sincere thanks to our editor, Anne Warren Smith, for all her helpful suggestions.

Julie A. Searcy, Ph.D.
Constance M. Lehman, Ph.D.

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HIGHER EDUCATION CURRICULA FOR INTEGRATED SERVICES PROVIDERS

I. DESCRIPTIONS AND EVALUATIONS OF INTEGRATED SERVICES PROGRAMS

Entries in this section describe and evaluate actual integrated services programs. We have included active research papers that describe methodology used and survey results, as well as conference papers, journal articles, and reports. Some listings describe only one program; others describe a number of programs. Many discuss the processes used to link services together to serve all at-risk children and families.

State of Alaska Department of Health and Social Services Division of Mental Health and Developmental Disabilities (1993). Alaska Youth Initiative: Program Information. Juneau: Author.

In 1985, senior staff in the Alaska state departments of Education and of Health and Social Services identified a problem: both departments were sending increasing numbers of emotionally disturbed youth to services outside Alaska. Some of the negative aspects of out-of-state placement were identified as increased costs, questionable results, and legal and ethical concerns. An interdepartmental committee was formed to address the issue. This committee, the Interdepartmental Team (IDT), was composed of senior staff from the state level offices of the Division of Family and Youth Services, the Division of Mental Health and Developmental Disabilities (DMHDD) and the Department of Education. Out of this committee's work, the Alaska Youth Initiative (AYI) was formed. This document reviews several aspects of the AYI: program outcomes, program eligibility requirements, specific features of the AYI, the responsibility of the state to serve Alaska youth, the blending of resources, interagency work, out-of-state institutions, and related costs, AYI effectiveness, the cost of foster care, the level of DMHDD involvement, the funding of services, examples of AYI successes, and the effectiveness of the interdepartmental team and the state AYI office. (jas)

Arnold, L., Moore, L., & Moran, K. (1991). Interagency collaboration: A working model and a case study. Norfolk, VA: The Norfolk Youth Network.

Presented at the annual convention of the Council for Exceptional Children, April 1-5, 1991 in Atlanta, GA, this paper details the process through which the city of Norfolk created its Norfolk Youth Network. Over the past two years, Norfolk's child-serving agencies have developed an interagency structure that is comprehensive, systematic, and effective. This interagency effort superseded organizational structures, interagency meetings, and cooperative agreements as administrative and client services problems were discussed and resolved among team members. Using the particulars of one case, the

report details how the interagency effort is designed to work for the at-risk child. Appendix I presents a copy of the cooperative agreement among the agencies. (ED. NOTE: Today the Norfolk Youth Network is known as the Norfolk Interagency Consortium.) (jas)

Boyd, L. A. (1992). Integrating systems of care for children and families: An overview of values, methods, and characteristics of developing models, with examples and recommendations. Tampa: University of Florida, Florida Mental Health Institute.

This monograph provides a comprehensive overview of collaborative and integrated services efforts. The author identifies these efforts as family focused, community based, single sourced and case managed, noncategorical and wraparound, individualized, interdisciplinary, and interagency. An extensive descriptive review of the literature regarding values, principles, and rationales influencing integrated service systems for children and families is presented. This review includes significant elements of legislation, such as Part H of the Individuals with Disabilities Education Act (IDEA), and its direct and indirect impact on integrated services efforts. The author summarizes problems facing families and describes failing systems as the preface to presenting solutions to those problems.

Emerging models and components of integrated systems of care are organized in a state-by-state format followed by recommendations and strategies for integrating systems for children and families. The author's recommendations fall within the categories of specific services, community initiatives, fiscal issues, and education and training. Appendices provide a variety of information including graphic representations of integrated services frameworks, an outline of components within an integrated system of care, and sample legislation to create a collaborative system of services and funding. (cml)

Bronheim, S. M., Keefe, M. L., & Morgan, C. C. (1993). Communities Can, building blocks of a community-based system of care: The Communities Can Campaign experience. Washington, DC: Georgetown University, Child Development Center.

The first in a series of publications developed by the Child Health and Mental Health Policy Center of the Georgetown University Child Development Center, this report focuses on the most recent results of a nationwide movement to improve the way in which children with special health care needs and their families are served. This publication presents ways in which 14 charter communities in the Communities Can Campaign worked toward developing a coordinated system of care. The first section introduces the communities and describes some general strategies used in building their systems. The second section describes each of the four major components of a community-based system of care: (a) a way for families to find the system and for the system to find the families, (b) a way to ensure that the services families need exist in the community and can be easily used by all those who need them, (c) a way to help families coordinate services and help the system coordinate itself, and (d) a way to support families and to give them a say in how the system works. Threaded throughout this section are the particulars on the various selected communities, how they got started,

how they solved problems, and how well they think they have succeeded. The final section lists resources--people, places, and materials available to the reader. (jas)

Buckley, R., & Bigelow, D. S. (1992, February). Brief report: The multi-service network: Reaching the unserved multi-problem individual. Community Mental Health Journal, 28(1), 43-50.

This report describes the Multi-Service Network program in Vancouver, British Columbia, a collaboration among mental health, alcohol/drug treatment, corrections, forensic, and social and housing agencies. The purpose of the project is to provide more effective services at less cost for multiproblem, service resistant individuals. Three case studies and the results of two evaluative studies are summarized. The case studies presented are those identified as "exemplary." Two evaluations were conducted. The first, which measured fiscal impacts, showed some increase in welfare costs, together with decreases in institutional costs. In the second which addressed agency outcomes, referral agency personnel were surveyed. Gaining information on the client and other agencies serving the client were reported as the most important outcomes. The goal of reducing agency time spent with clients was reported as not well accomplished. (cml)

Burchard, J. D., Burchard, S. N., Sewell, R., & VanDenBerg, J. (1993, August). One kid at a time. Evaluative case studies and description of the Alaska youth initiative demonstration project. Burlington: The University of Vermont.

"This monograph presents a qualitative case study evaluation of 10 youth with severe behavioral and emotional problems who received services under the auspices of the Alaska Youth Initiative Demonstration Project between 1986 and 1991. This 5-year demonstration project, herein referred to as AYI, was designed to provide intensive, individualized, community-based 'wraparound' services to the most challenging Alaska youth, ones for whom all available alternatives to long-term residential treatment (usually out of state) had failed. This monograph also includes a description of the system and procedures that AYI personnel developed in order to serve these youth in community settings"(p.ix). Section I presents the case studies with details of the service delivery system and the descriptions of the 10 cases. Section II discusses the AYI, its service mandate, the evolution of the individualized, community-based service approach and the procedures that were eventually put into operation. (authors & jas)

Burchard, J., Schaefer, M., Harrington, N., Rogers, J., Welkowitz, J., & Tighe, T. (1991). An evaluation of the community integration demonstration project. Burlington: The University of Vermont.

"The Community Integration Demonstration Project was planned and implemented through the Vermont State Interagency Team...The objective...was to take a small sample of difficult-to-serve youth and provide them with individualized care services within the community" (p. 1). "Individualized care" is defined as services that are "wrapped around" a child in the home and school environments and are "tailored" to the child's changing needs. The services can be both formal and informal. It was concluded that (a) the model presented a very promising alternative to the more traditional use of long-term,

residential care and (b) there are many ways to strengthen the model. A final recommendation was to develop comprehensive training modules for those who participate in individualized care. (authors & jas)

Burns, B. J., & Friedman, R. M. (1990). Examining the research base for child mental health services and policy. The Journal of Mental Health Administration, 17(1), 87-98.

This article reviews the existing research base for child mental health services and policy. It emphasizes the importance of research that looks at the overall community-based system of care as the unit of analysis and stresses the need to maintain a systems perspective, even when research is focused on components of the overall system. The review concludes that there is a need for a considerable increase in child mental health services research but also indicates that there has been a recent increase in research that has the potential of building a base to change policy. In particular, a need is identified for well-controlled studies that assess both clinical and cost outcomes and for studies that examine the mega issues of the organization and financing of systems of care. (authors)

Burt, M. R., Resnick, G., & Matheson, N. (1992, December). Comprehensive services integration programs for at risk youth: Final report. Washington, DC: Urban Institute.

This report examines programs targeting at-risk younger adolescents, aged 10 to 15. The major focus of the study is to learn more about the ability of programs to provide more comprehensive services to youth through service integration. In addition, it examines barriers and successes such programs encounter. The researchers describe the methods used to gather information. These include a review of the literature related to at-risk definitions, prevalence of behaviors, strengths, and weaknesses of traditional programs, a literature review and examination of issues related to evaluating programs, and site visits to nine programs.

The authors state "the most striking implication of this project's findings is the need to conceptualize service integration more broadly." They highlight Joint Initiatives in Colorado Springs as "a service integration effort with the highest level of commitment from all relevant local agencies." Another finding of the project is that agencies are very interested in conducting evaluation research; however, limited resources prevent most from doing more than collecting basic program statistics to assess outcomes. Further, the authors state that when evaluation efforts are made, the design must consider all program activities and participants. (cml)

Coyle-Williams, M., & Wermuth, T. (1990). Boulder Valley schools teen parenting program: An exemplary vocational education program serving a population with special needs. Berkeley, CA: National Center for Research in Vocational Education. (ERIC Document Reproduction Service No. ED 326 696)

The Boulder Valley (Colorado) Teen Parenting Program is designed to meet the educational and vocational needs of pregnant or parenting adolescents. It focuses on the following goals: (a) decreasing the dropout rate of teen parents, (b) improving the health

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and well-being of children born to teen parents, (c) decreasing repeat pregnancies to teen parents, and (d) increasing the economic self-sufficiency of teen parents. The program is a collaborative effort of the school district, the district's technical education center, community social service agencies, health clinics, and business/community partners. It is staffed with a coordinator, home economics instructor, public health nurse, early childhood education specialist, volunteers, paraprofessional child caregivers, and foster grandparents. During the program, the number of youth served has been rising each year (1981-90). As a result of the program, a high percentage of at-risk youth has been served, dropout rates for teen parents have gone down, there is a decreased incidence of low birthweight babies, and repeat pregnancies have decreased. The program's heavy vocational education emphasis has made it possible for many teen parents to complete vocational training. (KC & aws)

Davis, M., Yelton, S., & Katz-Levy, J. (1993, March). "Unclaimed Children" revisited: The status of state children's mental health. Paper presented to the 6th annual Research Conference, A System of Care for Children's Mental Health: Expanding the Research Base, Tampa, FL.

This paper is a follow-up study to Jane Knitzer's Unclaimed Children (1982). The authors conducted a state-by-state survey in order to summarize the current status of children's mental health systems. The survey questions, designed to mirror those of the original study by Knitzer, were intended to catalogue information rather than suggest any changes. The results indicated a marked increase in the number of state administrative offices and staff for child/adolescent mental health and state laws pertaining to child/adolescent mental health have influenced many aspects of the development of the system of care. When asked what the best model for care systems would be, many states responded that the principles of the Child and Family Adolescent Service System Program (CASSP) would be the ideal. (jas)

DeChillo, N., Koren, P., & Schultze, K. (in press). From paternalism to partnership: Family/professional collaboration in children's mental health. American Journal of Orthopsychiatry.

Collaboration between family members of children with severe emotional disorders and the mental health professionals is considered an important component of children's mental health services. From a survey of 455 caregivers of children, four empirically distinct dimensions of collaboration are identified: support and understanding, accessing services, sharing information, and utilizing feedback. Characteristics of families, professionals and the service delivery process associated with these dimensions of collaboration are examined, as well as the relationship between collaboration and family satisfaction. (author)

Division of Policy Planning and Evaluation. (1992). Report of the State Board of Education and the Legislative Education Board: The innovative education grant program. Austin: Texas Education Agency.

This report summarizes the initial findings from the innovative education grant projects awarded by the Texas Educational Policy Center. Of the 24 target areas established in the legislation, there were 5 most addressed by the 33 participating schools. Coordination of school activities with community health and human services programs and other community resources was targeted by 11 projects. Program descriptions provide information regarding types of interagency collaboration implemented with some reported outcomes. The difficulties in implementing the projects is discussed, with an emphasis on the need to change the evaluation process. (cml)

Dollard, N., Silver, E., & Huz, S. (1990). Evaluation of New York State's Children and Youth Intensive Case Management Program. Albany, NY: Bureau of Evaluation and Services Research. (ERIC Document Reproduction Service No. 337 486)

The evaluation plan for New York State's Children and Youth Intensive Case Management (CYICM) Program which was introduced in July 1988 is described. The CYICM Program is a statewide intervention focusing on keeping children with serious emotional disturbances in the least restrictive environment appropriate to their needs. It is a client-centered service provided to children in their natural settings of home, school, and community. Each Intensive Case Manager (ICM) has a caseload of 10 children. The three-year evaluation design is a panel design with a comparison group. A Client Description Form and Program Termination Form are used. The first year of the evaluation involved collecting descriptive information concerning all CYICM children, conceptualizing the research design, and developing outcome measures. In the second year, 30% of the caseload of each ICM will be sampled to determine child characteristics, child functioning, and ICM behavior. This paper addressed three measures of child outcomes: (a) comparison of the child's living situation on admission and discharge, (b) comparison of CYCIM clients' inpatient usage six months before and after the ICM intervention, and (c) comparison of CYCIM clients' inpatient usage to that of a matched group. Baseline data on 682 children provide a profile of the typical client and the 92 children who have been discharged from the program to date. The typical child served is a 14-year-old White, non-Hispanic (58%) male (66%). Nine figures illustrate the study design and results. (SLD & aws)

Duchnowski, A. J., Johnson, M. K., Hall, K. S., Kutash, K., & Friedman, R. M. (1993). The Alternatives to Residential Treatment Study: Initial findings. Journal of Emotional and Behavioral Disorders, 1(1), 17-26.

The Alternatives to Residential Treatment Study (ARTS) was initiated to investigate the efficacy of several innovative, community-based, child- and family-focused service programs that serve children with serious emotional disorders and their families. This article describes the methodology developed for the study and reports the preliminary findings from a sample of subjects in the first wave of a longitudinal outcome study. The data focus on the children and their families in terms of history of problems and services,

cognitive and academic levels, clinical and social functioning, impact of the youth's disability on the family, and general family functioning. (author)

Flynn, C. C., & Harbin, G. L. (1987). Evaluating interagency coordination using a multidimensional, interactional, developmental paradigm. Remedial and Special Education, 8(3), 35-44.

Evaluation of interagency coordination is difficult due to the complexity of these efforts. This article provides a paradigm which describes interagency coordination as a multidimensional, interactional, and developmental effort. Five dimensions--climate, resources, policies, people, and process--are identified and defined. The developmental nature of these dimensions is explained through the use of developmental stages and developmental continuum. The interactional nature is illustrated through examples. This paradigm can be used in special education as a training tool for those involved in coordination efforts, as a guide for the development and evaluation of interagency coordination efforts, and as a conceptual framework for research. (authors)

Foster, H. W., and others. (1990, Summer). A model for increasing access: Teenage pregnancy prevention. Journal of Health Care for the Poor and Underserved, 1(1), 136-46. (ERIC Document Reproduction Service No. EJ 430 737)

The United States leads all other developed nations in inappropriate teenage pregnancies with the ensuing educational and societal consequences. This article describes activities of the community-based I Have a Future Program (IHF), built on the premise that changes in sex behavior must be pursued in a framework of enhancing self-esteem and presenting positive alternatives. (CJS & aws)

Fredericks, H. D. (1993). The education of troubled youth. Paper presented at Shakertown Symposium II: Developing Comprehensive Services for Troubled Youth. Lexington, KY.

This paper focuses on the need for educational systems to provide more effective programs for troubled children and youth. The author explains the difficulty in defining this heterogeneous population and presents three empirical efforts made to clarify the dimensions of antisocial behavior among youth. The educational system has developed models for educating students with emotional and behavioral problems. After examining the content and scope of each approach, the author analyzes their success by referencing studies that examine short- and long-term student outcomes. Further, research reporting bleak community outcomes may be correlated to the lack of coordinated integrated support services between schools and community agencies, combined with a lack of transition support.

The paper continues by describing a model of integrated service delivery that includes case management, counseling, mentorship, and school and vocational components. In this model, support services are tailored to the strengths and needs of the individual. A functional educational curriculum and employment training in the community are essential for preparing many troubled youth to become contributing adults in their communities. Evaluation data are presented for an integrated services program in

Washington State. In addition, the paper includes references to a number of integrated services efforts in other states. The need for well-designed evaluation studies is emphasized. The paper concludes with a call to utilize resources currently available for training personnel. Also, the author urges the federal government to target monies for training at all levels implementing integrated services for children and youth. (cml)

Freud, E. Family support programs for families who have children with severe emotional, behavioral or mental disabilities: The state of the art. Cambridge, MA: Human Services Research Institute.

This monograph profiles model programs and discusses "the direction of the most progressive thinking about family support programs for those families who have children with emotional, behavioral, and mental disabilities" (p. 1). Once a list of components of family support was established, phone interviews were conducted with knowledgeable persons regarding programs at both state and local levels. The results of the interviews within of these programs are presented. The author concludes that (a) most states at least recognize the value of the concept of family support for families with children with emotional, behavioral and mental disorders; (b) states differ widely in the degree to which family support programming exists; (c) the value of the concept of family support is in evolution; (d) good models exist based on the programs for the children with developmental disabilities; and (e) parents must be the driving force for change. (jas)

Friesen, B., Koren, P., & Koroloff, N. (1992). How parents view professional behaviors: A cross-professional analysis. Journal of Child and Family Studies, 1(2), 209-231.

This study examined the responses of more than 900 parents of children with serious emotional disorders to survey questions about the importance and frequency of professional behaviors and compared these responses across professions. The findings indicated that parents with lower income and less education tended to work more with social workers, counselors, and teachers, and less with psychologists and psychiatrists. Behaviors concerned with the parent-professional relationship, honesty, non-blaming attitude, supportiveness, and inclusion in decision-making were considered important by most parents regardless of the professional with whom they worked. Parents rated professions differently on the importance of evaluation, home visits, and providing child-raising information, probably reflecting expectations that parents have about the roles and training of professionals. The behaviors that parents considered important also tended to occur frequently. Significant differences across professions were found with respect to the frequency of providing information on child rearing, advocacy, home visits, providing information on resources, and help with coping, although these behaviors were considered relatively less important by parents. An examination of discrepancies between what parents considered important and what they experienced suggested that parents' expectations were only partially met. Implications for practice, professional education, and research are discussed. (authors)

Gomby, D. S. (1993). Center for the future of children: Basics of program evaluation for school-linked service initiatives (Working Paper No.1932). Los Altos, CA: The David and Lucille Packard Foundation Center for the Future of Children.

This paper is a primer on program evaluation. Listed are three questions generally asked about a program: (a) What services did the program provide? (b) Who received the services? and (c) Did the services make a difference? This paper describes some of the reasons why answering these questions can be difficult. It goes on to discuss the overall design of an evaluation, the use of random assignment for developing a pool of participants, generalizability, and statistical significance versus policy relevance. The paper concludes that policymakers need to understand the possible pitfalls to be able to judge if a study has enough internal validity to be persuasive, and they must simultaneously consider how implementing programs on a larger scale will affect results. (jas)

Guthrie, L., & Scott, B. (1991). School-community linkages in the Western region. San Francisco: Far West Laboratory, Students at Risk Program.

This report outlines several approaches to interagency collaboration, illustrates promising strategies, and profiles nine school-community linkages which are designed to improve services for at-risk students and families. These collaborations range from localized efforts that concentrate social services on a single school site to county-wide coordination and management of services. As part of an ongoing analysis of school-community linkages, descriptions are provided for several of the most promising interagency collaborations in four western states: Arizona, California, Nevada, and Utah. Based upon written documentation and program descriptions, telephone interviews and site visits, the report offers information about the historical development and structural organization of each collaborative, the community each serves, the services provided, evidence of outcomes, and the collaborative's future goals. This descriptive material will provide the basis for a subsequent analysis of the range of organizational structure of interagency collaborations in these four states and the functions they serve. (author)

Haberman, M., & Delgadillo, L. (1993). The impact of training teachers of children in poverty about the specific health and human services offered to the students in their classrooms. Summary report #1 & #2. Milwaukee: University of Wisconsin.

This report is divided into three parts, a summary or overview of the findings of two studies, and a copy of each of the two studies, Report #1 and Report #2. The two studies were conducted with two groups of resident teachers participating in the Alternative Teacher Certification Program at the University of Wisconsin at Milwaukee. The reports discuss what the resident teachers learned as a result of working closely with some of their students in regard to the health and human services professionals who also have contact with the same students. The purpose of the studies was to determine the feasibility of preparing interprofessional teachers to become knowledgeable about the range of services offered their students and to identify what effects on teacher practice and student learning occur as a result. The report concludes that teachers who do become more knowledgeable about their students and the services offered to them are more

sensitive to their needs and more willing to use the networks available to help their children learn. (jas)

Hamm, J. (1989, September-October). Intensive day treatment provides an alternative to residential care. Children Today, 18(5), 11-15. (ERIC Document Reproduction Service No. EJ 399 542)

The article describes Phoenix, a day treatment program that provides intensive educational, social and mental health services to high-risk teens. The program emphasizes positive reinforcement, a mix of service providers, a delivery system based on team organization, and family intervention. (RJC)

Illback, R. J. (1993). Evaluation of the Kentucky impact program for children and youth with severe emotional disabilities. Frankfort: Kentucky Cabinet for Human Resources Division of Mental Health Children and Youth Services Branch.

The purpose of this document is to provide information about the current status of the Kentucky IMPACT program, now in its second year of operation. The report reviews progress of the program to date, and provides program managers with a "snapshot" of the program trends, issues, and outcomes. The data presented are formative, not conclusive, and are considered preliminary. Three primary questions are addressed: (a) Who is being served by Kentucky IMPACT? (b) How are they being served? and (c) What are the outcomes? Answers are contained in the report. The author concludes that (a) the program is effective and cost efficient; (b) children, families, and youth are experiencing significant gains in placement stability, behavior problems, and social support; and (c) case managers, though faced with problems in improving intervention and increasing informal support to families, are creating a sound program. Appendices include a program evaluation manual and a detailed list of research data in tabular form. (jas)

Jordan, D. D., & Hernandez, M. (1990, Spring). The Ventura planning model: A proposal for mental health reform. The Journal of Mental Health Administration, 17(1), 26-47.

The Ventura Planning Model is a proposal for public mental health reform. It addresses the decline in mental health funding and offers a rationale for increased support--and funding--for public mental health services. The planning model grew out of the experience of implementing and operating the Ventura Children's Demonstration Project. The model has five characteristics, or planning steps: (a) targeting the multiproblem population, (b) setting systems goals, (c) forming interagency coalitions, (d) defining services and standards, and (e) monitoring and evaluation of systems. The Ventura Children's Demonstration Project implemented these planning steps, with an infusion of $1.54 million in funds from the state legislature. The project offset at least 66% of its cost by reducing other public agency costs and improved a variety of client-oriented outcomes. The success of the project in offsetting its costs has led the legislature to provide additional funds for three more California counties to implement the model for children and youth, and $4 million a year for four years for Ventura County to test the model for adults and seniors. Emphasizing cost offsets in addition to client-oriented

outcomes provides a practical rationale for proposing increases in public mental health funds. This rationale also implies substantial changes in the operations of many public mental health agencies. (authors)

Jordan, D., & Ichinose, C. (1992, November). Updated outcomes for the Ventura County children's mental health services system (Children's Services Report). Ventura, CA: Ventura County Mental Health Services.

This report updates outcomes that have been achieved since the conclusion of the Ventura County Children's Demonstration Project, and in the process, identifies some of the factors that have influenced the results. The report has three primary purposes: (a) to describe outcomes that have been achieved since the conclusion of the demonstration project including the extent to which objectives specified in the performance contract between the County's Children's Mental Health System and the State Department of Mental Health for FY 90-91 have been achieved; (b) to explore the relationship between these outcomes and specific factors inside the system of care that may affect them; and (c) to discuss the implications of these results for further development of the system of care. The paper concludes that there is a need to continue to develop ways of measuring and evaluating the operations and outcomes of systems of care. (jas)

Katz-Leavy, J., and others. (1987). Meeting the mental health needs of severely emotionally disturbed minority children and adolescents. Children Today, 16(5), 10-14. (ERIC Document Reproduction Service No. EJ 361 498)

This article presents a national perspective on the Child and Adolescent Service System Program (CASSP), an effort launched by the National Institute of Mental Health to improve the quantity and quality of services delivered to seriously emotionally disturbed youths who are members of minority groups. (author/BB)

Kentucky Impact Strategic Planning Work Group (1994, April). Kentucky IMPACT Strategic Plan. Frankfort: Author.

This document reviews the planning process that put the Kentucky IMPACT program into place and analyzes the results to date. Results so far suggest that a number of important and significant areas of agreement about past success and future direction exist, as well as two major differences. This first difference is that there is no statewide agreement on what IMPACTs primary outcomes should be and, secondly, there are differences in regard to ownership and perceived ownership of the program. Agreements among the IMPACT staff include the mission statement, the approach to addressing the need for standards and best practices, the pressing need for human resource development, and the funding strategies. (jas)

Kimeldorf, M. (1991). Youth service in Washington. A report. Olympia: Washington State Department of Community Development. (ERIC Document Reproduction Service No. ED 347 299)

This book is a compilation of information about youth service in the State of Washington, a summary of the benefits and challenges to increasing youth service, and a summary of strategic options for supporting and enhancing youth service statewide. The report is divided into five sections. The first part describes many examples of youth involvement, from the traditional organizations (such as scouts and religious groups) to new service opportunities (such as state-financed projects). Part II summarizes the benefits of youth service to youth, including increased self-esteem, career preparation, and improved community opinion of young people, as well as to recipients of the service. The third part describes how careful coordination and planning between schools, nonprofit agencies, business, and labor groups results in high quality youth service programs. In Part IV, barriers to expanding community service opportunities for youth are outlined, and suggestions for overcoming these barriers are provided. The final section offers strategic planning suggestions for setting up and conducting youth service programs, and concluding comments challenge the reader to dream about a future society improved by the helpful role of youth. The report includes a list of 41 references, and six appendixes: a list of national and state legislative initiatives for youth community service; samples from various states of strategic plan proposals; a youth and community service bibliography that list 14 national volunteer service organizations; three research reports, 10 general guides, 17 teaching and curriculum guides, seven student workbooks and instructional materials, and two films; notes about court-ordered community service; a proposal for a "college of the corps"--a service and employment corps serving out-of-school youth; and a directory of state contacts throughout the nation and especially in Washington state. (KC & aws)

Knitzer, J. (1982). Unclaimed children. The failure of public responsibility to children and adolescents in need of mental health services. Washington DC: Children's Defense Fund.

This report is based on the results of a survey of all 50 states as well as the District of Columbia concerning mental health services for children and adolescents. Specific topics on troubled children such as organizational structure and fiscal policies for services provided for these children, and the innovative efforts made on their behalf were examined. An analysis was made of state statutes regarding the voluntary commitment of children to psychiatric hospitals and major litigation brought on behalf of disturbed children. Research also included on-site visits; telephone interviews with service providers, lawyers, parents, public officials, and advocates; and an analysis of the major federal programs providing funds. The report examines why, when cost-effective community-based services are possible, children and adolescents do not get what they need, and it explores what responsible officials, concerned advocates, and the public at large can do about it. (jas)

Knitzer, J., Steinberg, Z., & Fleisch, B. (1990). At the schoolhouse door: An examination of programs and policies for children with behavioral and emotional problems. New York: Bank Street College of Education.

Focusing on students identified as having behavioral or emotional disorders under the mandate of the Education of the Handicapped Act (EHA), and, to a lesser extent, students with problems who have not been labelled, this report examines the ways in which schools and mental health agencies, singly or in collaboration, are trying to meet the complex needs of these children and adolescents. The report is intended to serve as a map of promising programs and policies, as well as to synthesize what is known about the characteristics of the students, and the quality of their school life. There are major findings on the following issues: (a) students and the services they receive, (b) the realities of daily school life, (c) efforts to help students without labelling them, (d) efforts to help students identified as behaviorally or emotionally disabled under the mandate of the EHA and (e) policy initiatives. There are 10 major recommendations. (jas)

Kutash, K., Duchnowski, A., Johnson, M., & Rugs, D. (1993, March). Multi-stage evaluation for a community mental health system for children. Administration and Policy Mental Health, 20(4), 311-322.

A model is presented for developing an evaluation of community mental health systems of care for children. This model is divided into three stages. The first, the Program Stage, examines the clients served, service components received, and level of consumer satisfaction. The second, the Effectiveness Stage, analyzes the impact of the service system on the clients it serves. The third, the Impact Stage, analyzes the system changes that may occur due to the operation of the community-based system of care. Several measures and instruments are suggested for use. (author & aws)

Kutash, K., Liberton, C. J., Algarin, A., & Friedman, R. M. (1992). A System of Care for Children's Mental Health: Expanding the Research Base. Proceedings from the Fifth Annual Conference of the Research and Training Center for Children's Mental Health. Tampa: University of Florida, Florida Mental Health Institute.

This publication is a compilation of the proceedings from the fifth annual conference of the Research and Training Center. A total of 48 papers are organized into 10 content areas with 3 to 9 papers related to each area: (a) Characteristics of Children Receiving Services, (b) Methodological Issues, (c) Evaluation of Systems of Care, (d) Program Evaluation, (e) Research on Individualized Care, (f) Investigation of Family Issues, (g) Examining the Role of Education, (h) Studies on Case Management, (i) Studies on Foster Care, and (j) Legal Issues and the System of Care. This resource provides information on research and evaluation conducted across the country in addition to copious references. (cml)

Kutash, K., Robbins, R. V., Hall, K. S. & Friedman, R. M. (1993). Public sector financing of community-based services for children with serious emotional disabilities and their families: Results of a national survey. Tampa: University of Florida, Research and Training Center for Children's Mental Health, Florida Mental Health Institute.

This paper presents the results of a survey of state directors of mental health programs for children on the agreement with and use of financial policies and practices which promote home and community-based mental health care for children and their families. Results indicated agreement with the financial principles while implementation of the practices varied among states. States in which the local mental health agency had authority to govern tended to have more community-based financial practices in place than did states that contracted directly with providers at the local level. (cml)

Levy, J. E., & Copple, C. (1989). Joining Forces: A Report from the First Year. National Association of State Boards of Education. Alexandria: National Association of State Boards of Education.

This report provides an overview of the project's first year and summarizes substantive knowledge gained from cross-sector collaboration. The project was funded by the Ford Foundation to launch a national effort to help education and human service sectors work together to aid children and families at risk. The report includes the results of a survey sent to all state education and human service agencies in an effort to list the current state-level examples of collaborative task forces, agreements, and initiatives. Survey results showed a great deal of collaborative interagency planning. (cml)

Muccigrosso, L., and others. (1991). Double jeopardy: Pregnant and parenting youth in special education. Reston, VA: Council for Exceptional Children. (ERIC Document Reproduction Service No. ED 339 174)

This booklet addresses the plight of pregnant teenagers and teenage parents, especially those in special education, and the role of program developers and practitioners in responding to their educational needs. After a brief introduction, a research synthesis notes similarities of predictors, extent, and consequences of teenage pregnancy and parenting for youths in regular and special education, as well as increased vulnerability among special education students. Implications for program development are presented next, including the need for a broad-based local team addressing the complex issues associated with creating sound family life/sex education/prevention programs for this population. The importance of administrative involvement and support is covered in the following section. Teachers of family life education programs are encouraged to increase their knowledge of this topic and to improve their assessment skill, teaching strategies, and access to support networks. Administrators are urged to take responsibility for policy, teacher education and support, collaboration with parents and community agencies, budgeting, evaluation, and monitoring. The book includes 15 references, a resource list of teaching materials, and a description of the Scarsborough principle of teaching sex education to the mentally handicapped. (DB)

New Beginnings Team (1990).New Beginnings: A feasibility study of integrated services for children and families final report. San Diego, CA: Author.

This report begins with background information regarding New Beginnings. This interagency collaborative, involving the City and County of San Diego, San Diego Community College District, and San Diego City Schools, was formed in 1988. The collaborative called for an action research project to test the feasibility of a one-stop services center or other integrated services approach to streamline and improve services to children and families. The purpose of this study was to determine the needs of families and the impact of services provided by local agencies and Hamilton Elementary School in San Diego. The authors outline the design of the study followed by the findings. Nine key findings are stated in the following categories: (a) Need for Reform, (b) Role of the School in Collaboration, (c) Need for a Common Philosophy, (d) Priority of Caseloads, (e) New Roles of Agency Workers, (f) Changes in Policies and Procedures, (g) Respect for Differing Perceptions of Needs, (h) Increased Input from Families, and (i) Deterrents to Mobility. Recommendations are presented for the New Beginnings approach to integrated services based upon these findings followed by an outline of explicit steps for implementation beginning with one school attendance area. (cml)

Obermiller, P. J., and others. (1987). The Lower Price Hill Community School: Strategies for social change from an Appalachian Street Academy. Education in Appalachia. Proceedings from the Conference. Cincinnati, OH. (ERIC Document Reproduction Service No. ED 300 186)

This paper describes the Lower Price Hill Community School, located in a low-income neighborhood in Cincinnati and suggests that the school's history and operation offer practical steps for improving education for Appalachian people. Conditions faced by urban Appalachians, many of whom migrated to cities following World War II, are described and it is argued that urban Appalachians have been poorly served by public schools, where they face ethnic and class discrimination. Lower Price Hill, a heavily Appalachian neighborhood of 2,155 residents, has had one of the highest dropout rates in Cincinnati. Concerned about their education problems, area residents in 1972 formed the community school, housing it in a church basement. Originally staffed by volunteers, classes were voluntary, with a homelike atmosphere. Today, the one-room school covers the top floor of a former parochial school building and offers some 250 students high school equivalency (GED) courses, basic literacy, or a two-year college program. Students are low income, but intelligent and highly motivated, with a sense of control that reinforces their ideas of community power and autonomy. The school also serves a social function as an informal drop-in center and a site for community meals. It also is seen as an agent for social change, cooperating with advocacy organizations to win reform in the state's GED procedures. The school challenges many ideas held by public school officials, and constitutes a radical experiment for urban Appalachians. A reference list is included. (TES & aws)

Olasov, L. & Petrillo, J. (1994). Meeting Health Needs Through Kentucky's Family Resource Centers and Youth Services Centers. Journal of School Health, 64(2) 59-61.

Family Resource Centers/Youth Services Centers were mandated by law as part of the Kentucky Education Reform Act in response to changing needs of children and their families. These school-based centers provide services to maintain basic necessities for children and their families, enhancing the children's health and their ability to learn. This article describes how centers are developed, funded, staffed, governed, and evaluated as well as what services they provide. (authors)

Pasco/Pinellas Multiagency Network for Severely Emotionally Disturbed Students: Report to the State of Florida SED Advisory Board (1984). Pinellas Park, FL: SED Network. (ERIC Document Reproduction Service No. ED 249 672)

The task group process and its operating rules are explained in an initial section of this report. Summaries and updates are then presented of project products and activities: a pilot community-based class program (an intensive educational and therapeutic environment for emotionally disturbed adolescents); a case management system (in which the merits of therapists or others as case managers are reviewed); the individual therapeutic and educational program; committee work on the defining of severe emotional disturbances and implications for service delivery; interview with mental health professionals, support staff, and teachers of severely emotionally disturbed students; results of a vocational survey; inservice training and information dissemination activities; parent support groups; and development of an information and referral guide. (CL)

Phillips, V., Nelson, C. M., & McLaughlin, R. (1993). Systems change and services for students with emotional/behavioral disabilities in Kentucky. Journal of Emotional and Behavioral Disorders, 1(3), 155-164.

This article describes a comprehensive, ongoing effort to redesign services to children and youth with emotional and behavioral disabilities in Kentucky. The need is discussed, followed by a description of three key events that produced a climate conducive to systems change. These events were the Kentucky State Board for Elementary and Secondary Education's study verifying underidentification of students with emotional and behavioral disabilities, the Department for Mental Health and Mental Retardation Services (DMHMRS) response to national priorities by developing a call for action for coordinated, community-based services, and the Kentucky Department of Education and DMHMRS hiring of personnel with broad-based vision and orientation toward collaboration. The result was legislation (HB 838) passed in 1989, which directed agencies to provide community-based services to children and families. The plan is known as Kentucky IMPACT (Interagency Mobilization for Progress in Adolescent and Children's Treatment).

The article describes tangible outcomes that emerged from these efforts. The plan has led to a technical assistance manual, expanded school and community-based service delivery options, funding allocations for service coordination, and mental health legislation to organize support by parents, professionals, and legislators. The program

evaluation plan is described which includes a list of the seven major questions. The evaluation includes student outcomes, nature and scope of interagency collaboration, and cost-efficiency of service delivery. In addition, student follow-up data are collected at 3-, 6-, and 12- month intervals. The paper concludes with an extensive reference list of integrated programs currently being implemented across the country. (cml)

Polit, D. F., and others. (1982). Needs and characteristics of pregnant and parenting teens. The baseline report of Project Redirection. New York: Manpower Demonstration Research Corp. (ERIC Document Reproduction Service No. ED 251 558)

This report summarizes the data from the baseline survey for Project Redirection, a national demonstration aimed at testing a comprehensive service program model for welfare-eligible pregnant teenagers and teen mothers. The baseline survey, the first part of a program impact analysis, provides a highly descriptive profile of the characteristics and needs of the target population served by Project Redirection in four experimental sites across the country and four other sites matched for comparison. Chief among the findings were that (a) the young women were educationally disadvantaged; (b) their work experience was considerable and they were positively oriented toward work; (c) contraception was neither effectively nor consistently practiced and many continued to expose themselves to repeat pregnancies; (d) community services were used but a number of needs remained unmet; (e) informal supports played an important role, especially with regard to child care and emotional support; and,(f) most girls came from disadvantaged homes and most continued to live with their mothers. The report concludes that the long-term prospects for the young women for economic self-sufficiency are not promising and that their trajectories need redirecting. Appended are findings related to the technical aspects of the evaluation; 10 supplementary tables; and a bibliography. (RDN & aws)

Quint, J. C., & Riccio, J. A. (1985). The challenge of serving pregnant and parenting teens: Lessons from Project Redirection. New York: Manpower Demonstration Research Corp. (ERIC Document Reproduction Service No. ED 275 777)

Project Redirection was designed to help pregnant and parenting adolescents progress toward eventual self-sufficiency by linking them with community agencies and volunteers at four geographically and ethnically diverse sites in the United States (in Boston; New York City; Phoenix, Arizona; and Riverside, California). Distinctive features of the program include (a) a broad scope of services including employability training and parenting educational counseling; and (b) the inclusion of paid women drawn from the local community to act as primary supports to the teens and help them achieve short-term goals. This monograph opens with a review of the consequences of teenage pregnancy and the Redirection approach for addressing the problems, and then discusses the sites' operational experiences. Participants in Project Redirection resulted in some short-term improvements in most subgroups and for most outcomes. By the end of the study, however, when teens were out of the program, differences between the experimental and comparison groups had largely disappeared, except for certain subgroups. The report concludes with the following lessons: (a) reliance on the brokerage model means depending on the service available in the community, (b) the longer teens stayed in the program the better they did, so no maximum length should be established; and (c)

younger mothers need a greater mix of and different services than older mothers. (LHW & aws)

Sia, C. C. J. (1992, September). The medical home: Pediatric practice and child advocacy in the 1990s. Pediatrics, 90(3), 419-423.

Presented by the author at his acceptance of the Abraham Jacobi Award from the American Medical Association and the American Academy of Pediatrics, this report addresses the issues of the changing morbidity and its impact on the pediatrician. The role the pediatrician plays as advocate and activist and a review of the unique and special programs on behalf of children in Hawaii are presented. The presentation goes on to explain the medical home and Healthy Start models in detail. In conclusion, the author urges prevention and early intervention through an umbrella of family-centered services of support for at-risk children and their families. (jas)

Smith, E. G. (1993). Communities in Schools Program evaluation final report prepared for Texas Employment Commission. Austin, TX: Publishers Resource Group.

This report is the final evaluation of the Communities in Schools (CIS) Program. The evaluation was conducted five years after the first independent evaluation which reported successful results as measured by student retention, arrests of at-risk youth for serious offenses, employment, academic performance, and school attendance. Thirteen cities were participating in CIS when this evaluation was conducted. The sample includes students from kindergarten through high school. The report describes the history of CIS, its mission and organization, project objectives and methodology, data collection instruments, and limitations of the study. Results indicate the success of the program in terms of outcomes for secondary students. Additional information such as reasons for referral and type of services provided add to the state and participating schools knowledge base regarding student needs and financial costs to meet those needs. (cml)

Soler, M., & Shauffer, C. (1990). Fighting fragmentation: Coordination of services for children and families. Nebraska Law Review, 51(2), 278-297.

This article begins with case studies that emphasize the need for an integrated system of service delivery to children and families. It continues with a discussion of efforts to coordinate services, particularly mental health services. In addition, two models of coordinated mental health programs, the Willie M. Program and the Ventura Model, are described. The barriers that had to be overcome in implementing the Willie M. Program are presented. Important to note are the key elements of this program: case management and the management information system. The description of the Ventura Model includes the 11 guiding principles that, the author points out, "are remarkably similar" to those for the Willie M. Program. The article concludes with the presentation of current research being conducted by the Youth Law Center "to investigate efforts to coordinate children's services across the country, determine the factors that are necessary for effective coordination of services, and identify barriers to successful coordination." The authors identify elements indicative of success under four categories: (a) general system values, (b) system processes, (c) ability to provide quality services, and (d) system management. (cml)

Soler, M. (1992). Interagency services in juvenile justice systems. In I. M. Schwartz (Ed.), Juvenile Justice and Public Policy (pp. 134-150). New York: Lexington Books.

This chapter discusses interagency services in juvenile justice systems. Noted is the fact that "front-end" services of health, education and social services for children and youth have numerous interagency efforts while the "back-end" services for older youth in the juvenile justice system have relatively few programs. Three programs, the Willie M. in North Carolina, the New York Department of Juvenile Justice, and the Ventura County Children's Demonstration Project, are all reviewed. A list of policy and research issues are detailed including developing commonly accepted terminology; establishing a list of clear goals which include objectives and outcome measures for interagency efforts; conducting controlled research; testing for specific factors such as the meaning of "family-oriented"; looking into specific aspects of case management; reviewing cost effectiveness of interagency provision of services; and improving information management systems. (jas)

Spencer, M. (1987). Impact of interprofessional education on subsequent practice. Theory into Practice: Interprofessional Education, 26(2), 134-140.

Interprofessional team practice has been identified as a response to both current social needs and criticisms of the professions. Interprofessional education has been proposed, and in some instances initiated, as a means of preparing professionals for team practice. Before interprofessional education can be fully accepted, however, some functional relationship must be identified between it and subsequent inclination or ability regarding interprofessional practice. This paper discusses a study by the Commission on Interprofessional Education and Practice at The Ohio State University that was initiated to assess the impact of interprofessional experiences on the subsequent attitudes and practices of professionals. The specific objectives of the study were directly related to assessing the beliefs, attitudes, and behaviors of practicing professionals regarding the topics of interprofessional education and practice. Results of the study provide no basis for suggesting that course participation (those who had at least one commission course during the period 1975-76 to 1980-81 and had graduated by autumn quarter 1981 from the professional program in which they had enrolled) had any influence, beyond an almost imperceptibly slight one, on subsequent beliefs. This study offers tentative validation of preprofessional educational courses as mechanisms for promoting interprofessional practice. (jas)

The William T. Grant Foundation Commission on Work, Family and Citizenship (1988). The forgotten half: Pathways to success for America's youth and young families program evaluation final report youth and America's future. Washington, DC: Author.

This report concludes a study of youth and young adults, ages 16 to 24, who are unlikely to attend college. It examines social and economic changes that present challenges for family and community. The Commission asserts that adults must work with youth to provide opportunities for success in family and community life. It provides data regarding economic changes in the nation and changing demographics within this age group. The report describes a variety of family service programs and proposes

changes in tax policies that would provide financial support for child care. An extensive resource directory is provided in addition to examples of state collaborative efforts to develop programs for the most at-risk youth. (cml)

Trupin, E. W., Forsyth-Stephens, A., & Low, B. P. (1991) Service needs of severely disturbed children. American Journal of Public Health, 81(8). 975-980.

The specific service needs of severely emotionally disturbed children were investigated as part of a statewide Children's Mental Health System Analysis in Washington State. The primary caseworkers of 3398 children under the care of the state responded to a survey of the child's treatment history, social and clinical conditions, and service needs. Service need data on the 2455 children in the sample who were classified as severely emotionally disturbed were examined using log linear analysis. Results showed that school- and home-based services were frequently reported needs of school-aged children. Adolescent children were reported to be in need of services that prepare them for adulthood. Services endorsed for female children tended to focus on assistance to family members, therapy, and protection, whereas services endorsed for male children focused on home removal, substance abuse treatment, and preparation for employment. Conclusions were that (a) severely emotionally disturbed children are in need of a variety of nontraditional mental health services, (b) there were significant differences in the needs of male versus female children, and (c) there were significant differences in differently aged children. All conclusions have serious implications for service system development. (jas)

U.S. Department of Education (1995, April). School-linked comprehensive services for children and families. What we know and what we need to know. Washington, DC: Office of Educational Research and Improvement.

Based on a conference held in the fall of 1994 bearing the same name, this report was generated by more than 100 researchers, educators, family members, program leaders, and federal officials gathered together to set an agenda for research on school-linked services. Focusing on two themes, research into school-linked services and redesign of professional development across disciplines, the participants divided up and addressed the issues of specific age group needs, interprofessional development, and evaluation. Results included some common conference themes, a review of what we know from research and practice, and a review of what we need to know from research. The summary presents twin challenges: (a) to produce final products that encourage each of us to use our collective knowledge in ways that help real people in real-life situations and (b) to disseminate these findings to the widest possible audience. Exemplary programs in both school-linked comprehensive programs and interprofessional development programs are noted. (jas)

View, V.A., & Amos, K.J. (1994). Living and testing the collaborative process: A case study of community-based services integration. Arlington, VA: National Center for Clinical Programs.

The objective of this report, jointly sponsored by the Federal Maternal and Child Health Bureau (MCHB), Services for Children with Special Health Needs Division, and ZERO TO THREE/National Center for Clinical Infant Programs, was to identify, describe, foster and promote the successes of community systems that developed workable approaches to providing all the health, education, and social supports required by infants, toddlers and their families. Using the case study approach, six communities were selected for this study. Part I analyzes the issues confronted by community stakeholders in their efforts to establish, improve, expand, or maintain services integration. The methodology for the case study approach is also described. Part II contains a description of the six communities participating in this report. Three intended uses of this report are to (a) describe communities that have a history of success in providing coordinated, family-centered services, (b) analyze issues that emerged as essentials ones to address in order to support and sustain community-based efforts, and (c) recommend policy supports that will sustain and expand community-based efforts toward services integration. (jas)

Weatherley, R. A., and others. (1985). Patchwork programs: Comprehensive services for pregnant and parenting adolescents. Seattle: University of Washington, Center for Social Welfare Research. (ERIC Document Reproduction Service No. ED 274 751)

Adolescent pregnancy first emerged as a major social problem in the late 1960s and early 1970s. Among the responses to this problem was the promotion at the national, State and local levels of an intervention model linking education, social, and health services for pregnant and parenting teenagers. This study addresses (a) how and why local programs for pregnant and parenting adolescents have been developed and maintained, and (b) what accounts for the development and maintenance of comprehensive programs in some communities and not in others that appear equally or more needy. Four states were selected for study: Massachusetts, Michigan, California, and Tennessee. Within each state a pair of localities was chosen (two in California) making a total of five pairs matched according to socioeconomic and demographic characteristics. Each pair included one locality with a comprehensive program and one without. Programs were evaluated according to the following criteria: (a) leadership, (b) knowledge of alternative program models, (c) state funds, (d) policies and technical assistance, (e) advocacy group and interest group activities, and (f) state and local political culture. After an overview describing the purpose and design of the study, including a definition of the term "comprehensive," state and local case studies are presented for each of the 10 localities. Finally, the book addresses the concept and constraints of comprehensive services, discusses conditions and strategies for successful program initiation and maintenance, and offers recommendations. (LHW)

II. POLICIES, PRACTICES, AND THEORIES

Listed below are articles, papers, books, and reports concerned with policies, practices, or procedures and/or with theory, speculation, assumptions or concepts of integrated services programs.

Anders-Cibik, P., and others. (1990, March). Treating emotionally disturbed youth: Home-based family focused intervention. Paper presented at the Annual Meeting of the American Association for Counseling and Development, Cincinnati, OH. (ERIC Document Reproduction Service No. 316 782)

Home-based intervention services for emotionally disturbed youth are also commonly known as in-home services, family-centered services, family-based services, intensive family services or family preservation services. They have developed as a way to deal with serious family problems that often result in the removal of a child or adolescent from the home and placement in a more restrictive setting such as a hospital, foster home, detention facility, or residential treatment center. American society has a long tradition of solving family problems by placing troublesome family members in out-of-home care. After documenting deficiencies in the foster-care bureaucracy, the Adoption Assistance and Child Welfare Act of 1980 was passed which requires child welfare agencies to provide services to prevent unnecessary placement. Home-based services are based on the belief that the family is the most powerful social institution and the family should be supported and maintained whenever possible. Home-based programs also emphasize family empowerment. Most home-based programs deliver services on the family's own "turf" which tends to be less intimidating, less threatening, less stigmatizing, and more acceptable. Home-based services have been successful with a wide variety of populations. In the selections of home-based workers, programs generally look for a particular combination of educational background, previous experience, and personal qualities. Although home-based therapy emerged as recently as the 1980s it has already made major contributions to the mental health field. (ABL)

Bhaerman, R., & Van Sciver, J. (1994). Voices of the rural community in deliberating educational goals. Rural Educator, 15(2), 25-30.

The Delaware Rural Assistance Council, in collaboration with Research for Better Schools and the Mid-Atlantic regional educational laboratory, conducted two public forums to explore two of the 1990s education goals of the Delaware State Board of Education that are particularly relevant to rural communities: Goal 6--Continue building consensus and support for quality education, and Goal 7--Promote partnerships between families, communities, and schools to improve the academic and social success of students. This paper discusses the results of these forums and includes a list of major areas of concern: (a) concept of community, (b) the broadened role of schools and their relationships to other social service agencies, (c) family and parental involvement, and (d) concerns regarding the issue of values. (jas)

Brewer, E. J. Jr., McPherson, M., Magrab, P. R., & Hutchins, V.L. (1989). Family-centered, community-based coordinated care for children with special health care needs. Pediatrics, 83(6), 1055-1060.

This article defines what is needed to carry out Surgeon General of the United States C. Everett Koop's seven-point agenda: (a) A pledge of a national commitment to all children with special health care needs and their families, (b) encouragement of localities in the building of community-based service systems, (c) assistance in ensuring adequate preparation of providers of care, (d) development of coalitions to improve the delivery of services, (e) establishment of guidelines to control costs of services, (f) encouragement and support of the development of adequate health care financing, and (g) continuation of research and dissemination of information. It goes on to discuss some associated problems and solutions and ends with suggested roles that pediatricians can play to achieve this agenda. (jas)

Bruder, M. B., & McCollum, J. (1991). Analysis of state applications for year 4: Planning for the personnel components of Part H of IDEA. Chapel Hill: North Carolina University, Frank Porter Graham Center. (ERIC Document Reproduction Service No. ED 340 171)

This analysis reports on the plans for special education personnel development by those states submitting fourth year applications under Part H of Public Law 99-457, the Education of the Handicapped Act Amendments (1986). The eight states--Colorado, Hawaii, Idaho, Illinois, Maryland, Montana, North Carolina, and Texas--used a variety of approaches in addressing the law's two primary components: (a) standards for early intervention personnel, and (b) a Comprehensive System of Personnel Development (CSPD). The report presents findings by specific legislative and regulatory requirements including the following: disciplines included (audiologists, special educators, nurses, nutritionists, occupational therapists, physical therapists, physicians, psychologists, social workers, speech/language pathologists); personnel standards (including "highest standards," infancy specialization, and assurance of qualified personnel); CSPD components (qualified personnel, inservice education and technical assistance system, preservice system, dissemination, supply/demand); and special provision (relationship between CSPD-H and CSPD-B, interdisciplinary training, variety of personnel included in training interrelated needs of infants and toddlers, families--promoting the child's development and participation in the Individualized Family Service Plan, and training on the state's early intervention system). A table offers questions to guide the development of a statewide personnel plan. (DB & aws)

Coling, M C. (1991). Developing integrated programs: A transdisciplinary approach for early intervention. Tucson, AZ: Therapy Skill Builders. (ERIC Document Reproduction Service No. 334 788)

This book presents an amalgam of early intervention ideas from the fields of education, occupational therapy, and physical therapy for children with developmental delays. An introductory chapter describes the approach's three theoretical bases: neurodevelopmental treatment (NDT), sensory integration, and Piagetian theory. Chapter 1 considers assessment, including determination of eligibility, screening, diagnosis,

evaluation for program planning, and program evaluation. NDT program components are reviewed in chapter 2, including positioning, handling, and facilitating movement. Chapter 3 considers sensory integration program components including tactile, vestibular, and proprioceptive activities. Piagetian program components such as play and cognitive content are described in the fourth chapter, covering object permanence, means-ends and cause-effect, gestural and vocal imitation, and spatial relationships. Chapter 5 presents speech-language program components including feeding, speech production, auditory responsiveness, communication, and augmentative communication. Chapter 6 offers guidelines for integrating program components, with sections on the team model, team members, services delivered by the transdisciplinary team, inservice programs, incorporating therapy in the classroom, and development of individualized programs. Four appendixes list assessment and instructional resources. A glossary and a bibliography of 120 items are also included. (DB)

Coates, R. B. (1981, Summer). Community-based services for juvenile delinquents: Concept and implications for practice. Journal of Social Issues, 37(3), 87-101. (ERIC Document Reproduction Service No. EJ 258 852)

The development of community-based alternatives to institutional care for juvenile offenders should be based on (a) a clear conceptualization of what "community-based" means, (b) intervention efforts that consider the context of the clients' social relationship networks; and (c) resolution of professional and territorial conflicts. (author/MJL & aws)

Conoley, J. C., & Conoley, C. W. (1991, December). Collaboration for child adjustment: Issues for school- and clinic-based child psychologists. Special Section: Clinical child psychology: Perspectives on child and adolescent therapy. Journal of Consulting & Clinical Psychology, 59(6), 821-829. (ERIC Document Reproduction Service No. EJ 440 720)

This article asserts that therapeutic gains for children may be maximized if important systems serving their mental health needs will collaborate. The authors contend that collaborative efforts between clinic- and school-based practitioners may increase ecologically valid treatment options and they explore both the gains and the potential pitfalls that may arise when school- and clinic-based practitioners work together. (author/NB & aws)

Cunningham, L. (1987). Interprofessional policy analysis: An aid to public policy information. Theory into Practice, 26(2), 129-133.

This article addresses policy analysis as a new concept in the annals of policy development. It responds to the growing need among legislators at all levels for information about exceptionally difficult problems confronting the human community. The Ohio State University Commission on Interprofessional Education and Practice has designed a way to analyze the policies of individual professions. In this type of analysis, leaders from the human services professions, formed into panels made up of 16 people, review topics such as the alternative modes of reproduction, health care cost containment, and family violence. The policy making steps of intelligence, promotion, prescription,

invocation, application, termination and appraisal are incorporated. The author's conclusion is that policy analysis has considerable potential for groups of professionals and legislators, especially where ethical questions, issues of justice, matters of medical interest, and educational and rehabilitative content are concerned. (jas)

Duchnowski, A., & Johnson, M. K. (1990, August). Mental health policy regarding the treatment of children and adolescents with serious emotional disorders: Yes, I believe I can hear some light ahead! Paper presented at the annual convention of the American Psychological Association, Boston, MA. (ERIC Document Reproduction Service No. ED 326 771)

Due to the efforts of mental health consumer and advocacy organizations, there now exists a legislated community-based mental health policy for the treatment of children and adolescents with serious emotional disorders and their families. But the implementation of this policy has not met the intended legislative standards. Accordingly, this document reviews the causes of dissatisfaction with the de facto implementation of this policy, focusing on misallocation of mental health treatment funds; the need for a more thorough, ecologically oriented evaluation; intensity of services, and the efficacy of traditional forms of intervention. Promising new proposals and initiatives in research and evaluation of community-based services from the Family and Children's Services Branch of the Division of Biometry and Applied Sciences at the National Institute of Mental Health are cited. References are included. (TE)

Duchnowski, A. J., & Friedman, R. (1990, Spring). Children's mental health: Challenges for the nineties. The Journal of Mental Health Administration, 17(1), 3-12.

This article summarizes some of the progress made in serving children with emotional disorders and their families during the 1980s, and provides an overview of the status of the children's mental health field as the decade ends. The field faces seven major challenges. As a new decade begins, these challenges relate to training and human resources development, funding for services, research, interagency collaboration, overall service system development, advocacy, and the children who are at risk for developing serious emotional disorders. (author & aws)

Edelman, P. B., Radin, B. A., & Gardner, S. (1991). Serving children and families effectively: How the past can help chart the future. Washington, DC: Education and Human Services Consortium.

Beginning with the programs of the 1960s, this paper addresses many of the changes over the past 30 years that have taken place in social services. The many and diverse programs of the 1960s, the more modest initiatives of the 1970s, and the increased use of the private sector in the 1980s are all discussed. The 1990s must be a synthesis of our past experiences with a recognition of a new balance between rights and responsibilities. The importance of the roles of the federal, state, and local governments in the delivery of services, the funding stream, and the need for a major structural agenda are cited as issues to be addressed. Five major lessons from the past are listed: (a) the importance of modesty and humility, (b) awareness of limited resources, (c) the need for

diversity and collaboration, (d) the effects of complexity, and (e) the need to build synergy as the beginning for a new public policy breakthrough that will usher in a new era of public responsibility and compassion. The paper concludes with a commentary on this issue by Sidney L. Gardner. (jas)

Farrow, F., & Bruner, C. (1993). Getting to the bottom line: State and community strategies for financing comprehensive community service systems (Resource Brief 4). New York: Columbia University, National Center for Service Integration.

This brief introduces the concepts involved in designing new financing strategies for the whole mix of funding sources, including public education, child and family welfare, and public health. Whether states and communities are developing new collaborative structures to coordinate services or are seeking to integrate existing systems, there is a need to give special attention to the way services are financed. This brief contends that the manner in which services are financed plays an important role in how services are designed and delivered. (jas)

Friesen, B., & Koroloff, N., (1990, Spring). Family-centered services: Implications for mental health administration and research. The Journal of Mental Health Administration, 17(1), 13-25.

Efforts to move the system of care for children with serious emotional disorders toward community-based alternatives has prompted a growing recognition of the need for supportive services to families. This article examines the shifts in policy and administrative practice that are needed in order to move toward a family-centered system of care. Proactive administrative support is particularly important in this system shift. Four important barriers to a family-centered system of care are examined: (a) efforts have tended to focus on the child as the unit of services, rather than on the family; (a) efforts have tended to focus primarily on mental health services, rather than on the family; (c) efforts have tended to emphasize formal services, often ignoring the support provided by informal networks; and (e) the resources and expertise of parents and other family members have not been used. New roles for parents--which involve working with administrators and providers as partners--are described, and implications for mental health administrators and researchers are discussed. (author)

Forness, S. R. (1988, February). Planning for the needs of children with serious emotional disturbance: The national special education and mental health coalition. Behavioral Disorders, 13(2), 127-139. (ERIC Document Reproduction Service No. EJ 377 588)

Problem statements were drafted by a coalition of 16 organizations concerned with education or mental health of children and adolescents. Focusing on the needs of children with behavioral or emotional disorders, the statements cover parent advocacy, identification and assessment, service delivery, ethnic, and cultural diversity, interagency coordination, training and research. (JDD)

Friedman, R. M., Ichinose, C. K., & Greer, S. (1990). Psychiatric hospitalization of children and adolescents: Testimony to the Health and Rehabilitation Service Committee, Florida Senate. Tampa: University of South Florida, Research and Training Center for Children's Mental Health.

Within the 1980s there has been a large increase in Florida, and around the country, in the hospitalization of children and adolescents in private-for profit psychiatric hospitals. A number of concerns have been raised about the appropriateness of admissions to these facilities, the efficacy of treatment, and the cost of services. The purpose of this testimony is to briefly review developments in Florida and to offer recommendations designed to provide protection for children, adolescents, and their families while increasing the availability of a continuum of mental health service. (authors)

Friedman, R. M., & Kutash, K. (1992). Challenges for child and adolescent mental health. Health Affairs, 11, 127-136.

This commentary addresses child and adolescent mental health from two perspectives. First it describes the present status of young people and their families and analyzes the services in place to prevent and treat emotional disorders in children and adolescents. Next, it describes the challenges facing the field, as well as some of the current efforts to overcome these challenges. Specific programs are discussed along with highlights of current efforts to reshape service delivery. (jas)

Gardner, S. (1988, Fall). Failure by fragmentation. California Tomorrow, 4(4). (Also published in Winter 1990, Equity and Choice, 4-12.)

Untouched by well-meaning but isolated youth programs, too many of California's young people slide toward adult lives of illiteracy, joblessness, and addiction. One compelling solution is to weave current programs into a collaborative new network that can help break the fall. Using a composite portrait of the trials of at-risk youth, this paper addresses the issues of the fragmentation of services within community social services and the lack of ability to see the underlying causes and interrelationships of many of the problems. The suggestion for a possible solution, that of collaboration and accountability among the variety of local agencies, is discussed. Successful examples of collaboration are presented along with the definition of the three escalating steps: "hooks," "glue," and "joint venture," which are needed to create a strategic plan of action within the local community for the collaboration of services. (jas)

Harkavy, I., & Puckett, J.L. (1991, Summer). Toward effective university-public school partnerships: an analysis of a contemporary model. Teachers College Record, 92(4), 556-581.

This paper discusses the need for the colleges and universities of today to redefine their role in society and assume a more active part in contributing to civic improvement as well as revitalizing their own sense of mission. The University of Pennsylvania/West Philadelphia Improvement Corps is an example of meeting such a challenge. The procedure used by the university and the surrounding community to achieve a working partnership is presented. The need for the change is reviewed, the history leading up to

the present program is discussed, and the current work of the project is described. Specific details of two efforts between the university and the community are presented. Aspects of summer programs, internships, both off and on campus, seminars and course development for the university students, as well as the local public school students, are included. The authors conclude that although the work is still in the very early stages of development, the participatory action model of university-community relations (a) highlights the possibilities of an approach that combines library-based and action-based research, (b) has the potential to foster an integration of the university's historic mission of research, teaching, and service into making a university-assisted, school-based community, and (c) will serve as a method of revitalizing the university's sense of its own mission. (jas)

Hord, S. M. (1986, February). A synthesis of research on organizational collaboration. Educational Leadership, 43(5), 22-26.

Collaboration and cooperation, two distinctly different operational processes, is the topic of this paper. Each process serves a unique purpose and each yields a different return. The author discusses the two concepts in terms of interrelationships and institutional/organizational relationships and the vast differences that exist between the expectations each process evokes. The paper concludes that the necessity of clarifying expectations of the participants in either process is most important. (jas)

Kilgo, J., and others. (1989, October). Teaming for the future: Integrating transition planning with early intervention services for young children with special needs and their families. Infants and Young Children, 2(2) 37-48. (ERIC Document Reproduction Service No. EJ 400 657)

The article examines the need to integrate transition planning for children with disabilities throughout the early childhood years, the roles of all members of the early intervention team (parents and professionals) in early transitions, and the effects of parents becoming active participants in early intervention. (author/DB)

Kirst, M. W., & McLaughlin, M., with Massell. D. (1989, Summer). Rethinking children's policy: Implications for educational administration. Florida Policy Review, 5(1), 1-8.

This paper outlines the changing conditions and needs of children to form a basis for analyzing the effectiveness of the current services delivered to them. (The discussion) then move(s) to the conditions of the services as they presently exist, and to prescriptions for improving and reconceptualizing policies and administrative approaches. Finally, the role of the schools in this new conceptualization is delineated. (author, p.1)

Kirst, M., Hayward, G., Koppich, J., Finkelstein, N., Birky, L.P., & Guthrie, J. (1994-95). Conditions of children in California. Policy Analysis for California Education (PACE) Berkeley: University of California, School of Education.

This is the ninth edition of Conditions of Education in California. In this volume PACE has compiled information on current critical issues in state education policy and presented them within the context of major policy developments. The Evolving Context introduces the current issues in the state and sets the stage for the remaining chapters. They are: Assessment and Achievement, Finance, Teachers and Teaching, Integrated Children's Services, Child Care and Development Services, and School-to-Work. (authors, p. vii)

Knitzer, J., & Yelton, S. (1990). Collaborations between child welfare and mental health, Public Welfare, 48, 24-33.

This article explores the reasons for the cross-system collaboration that has been growing between the child welfare agencies and the mental health agencies. It examines the reasons for the new interest, takes a look at some current collaborations, examines the barriers and pressures on the system that restrict collaborative efforts and suggests ways to overcome them at the state and local levels. The article concludes with a number of strategies that will facilitate collaboration as mental health and child welfare pull together using the new and emerging program models to meet the needs of children and their families. (jas)

Lawson, H. (1994). Toward healthy learners, schools and communities. Journal of Teacher Education, 45(1) 62-70.

This paper discusses the school-family-health relationship as it exists today, the pervasiveness of the needs and problems in today's society as they cut across all social lines, and the economic costs, both direct and indirect. Listed are eight reasons for establishing a foundation for school-based services with a long list of exemplary characteristics of healthy schools. This foundation and the characteristics become a part of a larger agenda, that of full service schools. The article concludes with a discussion of the implications for teacher education and the need for interprofessional training programs that prepare college and university students for collaborative work across all the helping professions. (jas)

Leone, P., McLaughlin, M. J., & Meisel, S. M. (1992). School reform and adolescents with behavior disorders. Focus on Exceptional Children, 25, 1-15.

School restructuring, the national educational goals, and the opportunities that are available to improve the quality of education for adolescents with behavioral disorders are examined in this paper. The major issue of discussion involves the analysis of reform proposals, with an assumption that changes in school structure have very real implications for students with emotional and behavioral disorders and the programs that serve them. The paper concludes that the elimination of an overly rational and bureaucratic system in favor of one that supports new ways of viewing student differences is a common hope among those concerned with the education of students with behavior disorder. (jas)

Maag, J. W., & Howell, K. W. (1991, September). Point/counterpoint: Serving troubled youth or a troubled society? Exceptional Children, 58, 74-76.

This article responded to Nelson, Rutherford, Center, and Walker's argument given to the question of whether public schools have an obligation to serve children and youth who are socially maladjusted. (See Nelson et al., 1991, March/April) The authors take the position that the restructuring of the system, and the evaluation and labeling of environments and not individuals, would lead to both an examination of the ways in which institutions are organized and as well as the forces that shape behavior. This would be a more appropriate approach to resolving the problem of whether socially maladjusted (SM) or seriously emotionally disturbed (SED) students belong in public schools. (jas)

Mattison, R., and others. (1988). The national special education and mental health coalition: Progress and prospect, comments. Behavioral Disorders, 13(2), 133-139. (ERIC Document Reproduction Service No. EJ 377 589)

Four papers comment on the work of the National Special Education and Mental Health Coalition, a group attempting to identify and remediate problems of behaviorally disordered/emotionally disturbed children/youth. Specifically discussed are service-related issues, the Council for Children with Behavioral Disorders' role, and the Council for Exceptional Children's commitment. (JDD & aws)

McKnight, J. L. (1992, Fall-Winter). Redefining community: Self-help and politics. Social Policy, 56-62.

This article focuses on redefining community in terms of those who are developmentally disabled. Northwestern's Center for Urban Affairs and Policy Research has been engaged in a continuing study of "community guides," people who are advocates for the developmentally disabled. The preliminary hypothesis is that services that are heavily focused on deficiency tend to be pathways into an excluded life. Therefore, a refocus on activities that support the developmentally disabled in community life is needed. The paper discusses the use of "guides" in building community relationships for the "excluded" and providing ways for "inclusion" into the community. (jas)

Melaville, A. I., & Blank, M. J. (1991). What it takes: Structuring interagency partnerships to connect children and families with comprehensive services. Washington, DC: The Education and Human Services Consortium.

This monograph begins by asking what kind of prevention, treatment and support services children and families need to succeed and why the current system so often fails them. It distinguishes between cooperative efforts and more intensive collaborative arrangements and argues that "real progress toward large scale comprehensive service delivery is possible only when communities move beyond cooperation to genuinely collaborative ventures at both service delivery and system level" (p.4). Part Two uses an informal sampling of interagency initiatives to illustrate how five factors-- climate,

processes, people, policies, and resources--can affect local efforts. Part Three is intended as a working tool for policy makers, administrators, and practitioners to use in their conversations about interagency partnerships. A section entitled "Guidelines For Practitioners," summarizes key points of successful collaboration. A feedback form is included along with three appendices: (a) program descriptions and contact information, (b) a directory of 22 organizations that have participated in the development of this monograph, and (c) a bibliography. (authors & jas)

Miller, J., & Yelton, S. (1991, June). The child welfare/children's mental health partnership: A collaborative agenda for strengthening families. Tampa: University of South Florida, National Association of Public Child Welfare Administrators, and State Mental Health Representatives for Children and Youth.

This publication describes the collaborative efforts between two agencies, the National Association of Public Child Welfare Administrators (NAPCWA) and the State Mental Health Representatives for Children and Youth (SMHRCY), as they worked together to design a model that could be applied by any number of human service delivery systems to integrate services.

The "Call for Collaboration" and the introduction to the report provide the core reasons as to why collaboration is necessary. Following this is a chronological review of how the two agencies began working together and their expectation of connecting with other agencies in the future as they continue their efforts to become a part of an "integrated human services delivery system." The report goes on to discuss the history and progression of child welfare laws and children's mental health laws to the creation of the Child and Adolescent Service System Program (CASSP) in 1984. Many other initiatives, programs and key legislation are discussed with contacts provided. A discussion on interagency agreements, an example of the contents of a model agreement, and a list of collaborative programs conclude this report. (cml)

Moore, S. (1992, September). Case management and the integration of services: How service delivery systems shape case management. National Association of Social Workers, 37(5), 418-423.

The primary role that case management plays in the coordination of services is determined by the level of service integration and by the level of resources in the service delivery system. When service integration is high but resources are low, case management becomes a mechanism for rationing services. Case management serves a marketing function when both resources and service integration are high. In situations in which the level of resources is high, but service integration is low, a brokering model of case management is indicated. When both resources and service integration are low, case management takes on a development role. The movement toward integrated system of care is discussed. (author)

National Joint Committee on Learning Disabilities (1982). Learning disabilities: Issues in the preparation of professional personnel. (A position paper). Baltimore, MD: Author. (ERIC Document Reproduction Service No. ED 235 641)

Issues involved in personnel preparation are addressed in the position paper developed by the National Joint Committee on Learning Disabilities. Among problems cited in this area are obstacles to making changes in policy, curricula, and practica; territoriality among professional training programs; lack of interdisciplinary education and training; and difficulties in recruitment. In order to overcome these problems, the committee offers recommendations that include establishment of high admission criteria in education and training programs; periodic evaluation, and support systems; establishment of interdisciplinary programs that provide experience in human development and psychology, theories of language acquisition and use, and educational theory and practices in learning disabilities; development of structured practica and field experiences; creation of a one-year teaching internship requirement; and implementation of innovative funding patterns for developing model interdisciplinary programs. (CL & aws)

Nelson, C. M., Center, D. B., Rutherford, R. B., & Walker, H. M. (1991, March/April). Do public schools have an obligation to serve troubled children and youth? Exceptional Children, 57,406-415.

The exclusion of pupils considered socially maladjusted in the Public Law 94-142 definition of seriously emotionally disturbed has led to gaps in services to a population of schoolchildren having significant educational needs. Issues related to this exclusionary clause are discussed in light of current research evidence and school practices. Considerable support exists for the position that the exclusion of these students from special education and related services is neither logical nor valid. A broader perspective is advocated, in which the needs of antisocial students (and their families) are addressed through early intervention for at-risk pupils as well as in appropriated special education programs. (authors)

Nelson, C. M., Center, D. B., Rutherford, R. B. Jr., & Walker, H. M. (1991, September). Serving troubled youth in a troubled society: A reply to Maag and Howell. Exceptional Children, 58, 77-79.

This article is a response to Maag and Howell's critique of an argument proposed by Nelson et al. in March/April 1991. (See Maag & Howell, 1991, September; Nelson et al., 1991, March/April). Nelson et al. reaffirm that schools already have the responsibility to serve children who are socially maladjusted, but that the system is failing to serve this population and needs to be put on notice that continuation of this failure will not be tolerated. Change needs to come through system improvement. (jas)

Nissani, H., & Hagans, R. (1992, November). The power of integrating education and human services: Achieving the potential of the Northwest. Portland, OR: Northwest Regional Education Laboratory.

Northwest schools are finding it increasingly difficult to educate children successfully. Many children and families in this region are experiencing increased poverty, crime, and social isolation and decreases in medical, social, and educational supports necessary to ensure their health and well-being. In this climate of increasingly challenged families, schools are examining new ways to support families in their important job as educators, nurturers, and fiscal supporters of their children. In an effort to assist schools, the Northwest Regional Educational Laboratory (NWREL) has undertaken research and development work related to options for the Integration of Education and Human Services. The intent of this paper is to begin to describe integration activity in the region as a basis for developing technical assistance and policy analysis capacity. Issues addressed include (a) regional activities to support the development of school-linked integrated services for families; (b) the historical, social and political contexts for integration; (c) coordination, collaboration, and integration--a developmental continuum; (d) new roles and relationships; and (e) six key elements of a successful integration. Appendices include descriptions of four service integration programs and references. (jas)

Peterson, N. L. (1991). Interagency collaboration under Part H: The key to comprehensive, multidisciplinary, coordinated infant/toddler intervention services. Journal of Early Intervention, 15(1), 89-105.

This article examines the role of interagency collaboration as it pertains to the unique requirements of PL 99-457--Part H (early intervention services for handicapped infants/toddlers and their families). Questions discussed here include (a) What is unique about the application of the interagency concept within Part H compared to collaborative efforts that have preceded it? (b) What requirements under PL 99-457 and its minimum components for a "statewide system" underscore collaborative issues and create situations where interagency cooperation is imperative if a truly coordinated, comprehensive service system is to be built? (c) What are some critical points or junctures where decisions by state and local planners will either build the foundation for interagency teamwork or detract from it? (d) What complex dynamics or realities affect cooperative work among agencies and suggest strategies to facilitate more comfortable, productive liaisons? (e) What interagency issues lie ahead in the 1990s as states work toward full services for infants, toddlers, and their families? Conclusions give several predictions for the 1990s. (author)

Ramey, S. L., & Ramey, C. T. (1992). Early educational intervention with disadvantaged children--To what effect? Applied & Preventive Psychology, 1, 131-140.

The adequate development of children is essential for the survival of a society. Dramatic negative changes in current societies have increased both the number of disadvantaged children and the severity of their disadvantage, thus threatening children's adequate development and the achievement of stability and productivity within their

societies. Considerable scientific data support the idea that negative outcomes for children can be prevented. Effective prevention depends largely on early educational intervention, often supplemented by health and social services and parental involvement. This article (a) summarizes the key conclusions from 25 years of scientific inquiry, (b) acknowledges controversial issues in the scientific and policy areas, (c) recommends practical strategies for enhancing children's everyday environments, and (d) proposes an integrative conceptual framework to guide future research and early educational intervention. (authors)

Rist, M. C. (1992, April). Putting services in one basket. The Executive Educator, 13(4), 18-24.

This paper addresses the issue of fragmented social services for troubled families and the steps that can be taken to create a system that will take into account all the family needs and reduce the strain of the "piecemeal" approach to service. The answer, according to the author, is collaboration among the various agencies. Both a community-based delivery system and a school-based delivery system are discussed as well as other successful programs throughout the country. The paper concludes with a list of suggested guidelines for getting started in a collaborative system of care. (jas)

Shedlin, A., Jr. (1990, August). Shelter from the storm. The American School Board Journal, 177(8), 12-16.

This paper proposes that with today's complex social realities, the elementary schools are the ideal location for the offering of social services. Reasons for this proposal for change include (a) the U.S. elementary school was designed for a society that no longer exists; (b) changes in today's society include new family structures, ethnic and cultural shifts, increased economic needs, new sexual mores, modification in parental attitudes and concerns, an increase in the pervasiveness of violence, and the impact of electronic media and technology; (c) the investment of dollars at the preschool level saves money on future remedial efforts, and (d) school is the one place children are every day. In order to make changes, the author concludes that all players--schools, social services, families and children, staff members, and policy makers--must collaborate, that the process of creating individual models for each school is one of the products necessary for the implementation of change, and that increased funding, possibly using innovative ways of raising dollars, is necessary as well as more creative ways of using resources already available. (jas)

Snyder, R. C. (1987). A societal backdrop for interprofessional education and practice. Theory into Practice: Interprofessional Education, 26(2), 94-98.

This article describes a theoretical basis for interprofessional practice and interprofessional education. Both are described in normative and prescriptive ways. Initially, the author presents conditions to be addressed when developing interprofessional support for patients and clients. He then discusses how a theory for interprofessional education can be developed based upon the kind of collaboration specified by the parallel theory of interprofessional practice. The barriers to collaboration are discussed in addition

to trends and events that are moving education, health, and human services to interprofessional activities. (jas)

Stone, C., & Wehlage, G. (1992). Community collaboration and the restructuring of schools. Madison, WI:Center on Organization and Restructuring Schools. (ERIC Document Reproduction Service No. 346 590)

It is recognized that the character of American society is changing. Schools face a difficult set of conditions as they attempt to respond to the challenge of increasing the academic achievement of America's multicultural children. A number of proposals have advocated collaboration between human services and schools to provide a more systematic response to the problems of poverty, poor housing, family instability, and health that undermine the ability and willingness of young people to become educated. In addition, a school/private-sector collaboration has been urged. This paper presents a conception of collaboration that argues that greater comprehensiveness, coordination, and efficiency of human service delivery are not sufficient to respond to the problems of disadvantaged youth, nor to the needs of the larger society that wants a more competent workforce. A broader and theoretically more powerful conception is of collaboration that includes parents and the private sector, as well as human services. Explored is collaboration aimed at building "social capital" for youth and their families. A view of collaboration that builds a new moral and political commitment to a "social contract" with youth that explicitly links school achievement to employment and higher education opportunities is given. (RR)

The Peacock Hill Working Group. (1991). Problems and promises in special education and related services for children and youth with emotional or behavioral disorders. Behavioral Disorders 16(4), 299-313.

Recent critiques of special education combined with pressure for school reform may result in effective strategies and programs for students with emotional and behavioral disorders being overlooked in the press of new approaches and radical restructuring. Using current data, members of the group examined several major problems confronting special education for such students. To prevent elimination of beneficial strategies, members together identified successful practices and programs that are available for use with these students. Then explored were factors that probably contribute to continuation of inadequate practices, and recommendations were developed for improving educational practice, policy, research, and professional preparation. Group members believe that if the benefits of special education are to be extended to children and youth with emotional or behavioral disorders, reform efforts must incorporate these recommendations. (R. Zabel)

University of South Florida, Department of Child and Family Studies (1991). An examination of service integration as a strategy for improving services for children and families. (Paper #827, Report for the Health and Rehabilitation Service Committee of the Florida Senate). Tampa: Author.

Prepared for the Florida Senate Committee on Health and Rehabilitation Services, this paper briefly describes the role that services integration can play in addressing the problems of negative outcomes, including dropping out of school, substance abuse, aggressive behavior, emotional disturbance, teen pregnancy, unemployment and criminal behavior, that face children and families. It concludes by exploring opportunities to expand services integration within existing service delivery systems. (jas)

Vosler-Hunter, R., & Hanson, S. (1991, Fall/1992, Winter). Parents as policy makers: challenges for collaboration. Focal Point: The Bulletin of the Research and Training Center on Family Support and Children's Mental Health, 6(1), 1-5.

With the use of focus groups, this paper examines the changes occurring in the relationship between professionals and parents of children with emotional disorders. Parents and family members have increasingly both sought and been invited to sit on planning boards and other decision-making bodies that shape the services that they use from professional organizations. Noted are the experiences of the parents as they serve on the planning boards, their problems with logistics of meetings, the difficulties of understanding the "culture" of the board, and the problems they sometimes face as being "out of the loop" when it comes time for the professionals to discuss cases across their desks during work hours. The paper concludes that this experience for both parents and professionals could and does make a difference in promoting change and improving the lives of children. (jas)

Wimpfheimer, R., Bloom, M., & Kramer, M. (1990). Inter-agency collaboration: Some working principles. Administration in Social Work, 14(4), 89-102.

This paper presents some working principles for inter-agency collaboration which are seen as "a creative process of melding organizational and personality attributes... within a common situation so as to achieve mutually shared objectives at some level of parity" (p. 91). Four preconditions of inter-agency collaboration reflect the attributes of both personal and organizational systems: (a) mutuality, (b) timing, (c) authority and influence, and (d) creativity. Four conditions must exist before effective resolutions can be carried out: (a) making everyone a winner, (b) acknowledging responsibility for the problem, (c) seeing common risk, and (d) accepting limits. Case studies illustrate the ways in which preconditions and conditions are used to create a successful inter-agency collaborative effort. Implications are that the greater the number of preconditions and conditions met, the more likely the outcome of an inter-agency collaboration will be successful. (jas)

Yelton, S., & Friedman, R.M. (1991). Family preservation services: Their role within the children's mental health system. In K. Wells & D.E. Biegal (Eds.), Family Preservation Services (pp. 223-240). Newburg Park, CA: Sage.

The growth of intensive home-based services, often called family preservation, has had a major impact on the public mental health system as well as the child welfare system. The purpose of this chapter is to describe the role of intensive family preservation services, such as the Homebuilders Model, in the context of developments in the children's mental health system, and to discuss the implications of that role for the evaluation of family preservation services. (authors)

Young, N., Gardner, S., Coley, S., Schorr, L., & Bruner, C. (1994). Making a difference: Moving to outcome-based accountability for comprehensive reforms (Resource Brief 7). Falls Church, VA: National Center for Service Integration.

The brief does not offer a specific approach to moving toward outcome-based accountability, but rather it provides several different frameworks to stimulate state and community experimentation. In chapter 2, Young et al. provide a conceptual framework that emphasizes the need to examine outcomes within the context of goals, strategies, and resources (a system perspective). In chapter 3, Schorr et al. offer a rationale for developing an outcome-based accountability system (a community perspective). In chapter 4, Bruner describes the challenges in measuring the impact of service strategies that seek both to empower and develop families and to empower and regenerate neighborhoods and communities. (jas)

III. TECHNICAL ASSISTANCE RESOURCES

Modeling, questions and answers, problem solving, and "how tos" are listed in the collection of papers and books annotated below. Many references have some "hands on" ideas in technical assistance.

Allen, K. D., Barone, V. J., & Kuhn, B. R. (1993, Winter). A behavioral prescription for promoting applied behavior analysis within pediatrics. Journal of Applied Behavior Analysis, 4(26), 493-502.

> In recent decades, pediatric medicine has undergone a shift in focus from infectious diseases to the effects of behavior on the health and development of children. At the same time, behavior analysts have increasingly evaluated the direct application of their technology to the development and maintenance of child health behavior. Unfortunately, applied behavior analysts have developed their technology parallel to, rather than collaboratively with, pediatricians and, as a result, are not recognized as experts in the treatment of child health behavior. In addition, behavioral technology is not widely recognized as the treatment of choice by pediatricians. This paper provides a behavioral prescription for behavior analysts who wish to enter pediatrics as expert scientists and technicians. Specific recommendations are provided for stimulating collaborative rather than parallel development between applied behavior analysis and pediatrics in the promotion and maintenance of child health behavior. Strategies for maintaining this collaborative relationship and for strengthening the social relevance of behavior analysis are discussed. (author)

Bruner, C. (1991). Thinking collaboratively: Ten questions and answers to help policy makers improve children's services. Washington, DC: Education and Human Services Consortium.

> This guide uses a question-and-answer format to help state and local policy makers consider how best to foster local collaboration that truly benefits children and families. Chapter 1 answers questions about the definition and purpose of collaboration. Chapter 2 discusses questions relating to state roles and strategies in fostering local collaboration. Chapter 3 explores additional issues--the role of the private sector, possible negative consequences of collaboration, and collaboration's role in the overall context of improving child outcomes. The conclusion summarizes the most critical observations made in addressing the questions in the other chapters. Checklists are provided to help policy makers quickly assess key issues in establishing interagency initiatives, demonstration projects, and statewide reforms. Resources that offer additional insights on collaboration and provide examples of exemplary initiatives are referenced in the appendices. (author, p. 5)

Bruner, C. (1993). So you think you need some help. Making effective use of technical assistance (Resource Brief 1). New York: Columbia University, National Center for Service Integration.

This resource brief is based on the experiences of individuals who have studied and participated in service integration efforts at the state and community level. It draws from relevant business management and public administration literature on the effective use of consultants and technical assistance. It is designed to offer states and communities practical advice on how to make most effective use of technical assistance, and how to avoid some of the problems experienced and identified by others. The ultimate purpose is to help states and communities develop technical assistance relationships and secure assistance that is responsive to the unique needs of the jurisdiction being served. (author, p. 5)

Bruner, C., Bell, K., Brindis, C., Chang, H., & Scarbrough, W. (1993). Charting a course: Assessing a community's strengths and needs (Resource Brief 2). New York: Columbia University, National Center for Service Integration.

The content of the brief is based on a review of existing guides to conducting community assessments: state, county, and neighborhood reports on child and family well-being; surveys and focus group reports examining the views of children and families toward services and supports; and, most importantly, selected assessments produced by communities that have been effective in shaping community initiatives. Throughout, illustrations from specific community assessments show the different ways assessment results can be used to help shape community actions. (author, p. 5)

Cities in Schools, Inc. (1993, December) Building a cities in schools program: A replication process (Vol. 1, rev.ed.). Alexandria, VA: Cities in Schools Strategy Series.

A part of the Cities in Schools Strategy Series, this manual is devoted to setting up a program for school dropout prevention. It is generic and is designed to provide the information necessary to develop local Cities in Schools programs. Communities would need to tailor the information found within this manual to fit their specific needs. Part 1, The Cities in School Context, addresses the philosophy of Cities in Schools and the concepts of community organization. Part 2, The Cities in Schools Replication Process section one, discusses the pre-implementation activities necessary for planning a Cities in Schools Program and section two discusses the establishment or implementation activities necessary to set up a program. Part 3, Ensuring the Success of the Cities in Schools Program examines (a) the key elements of successful Cities in School Programs, (b) program planning and evaluation, (c) the National Cities in School Network, and (d) technical assistance and training. The appendix relates the history of the program. (jas)

Cooper, F. (1990). A community problem-solving toolbox. Seven principles and some examples. Public Management, 20-22.

This paper lists and discusses seven principles of problem solving as determined by the Center for Public Problem Solving: (a) Successful projects include a broad community of interest; those who have a stake in the problem are involved in solving it;

(b) participants in successful projects respect the opposition; they seek solutions that honor diverse values; (c) successful projects include education components; (d) successful efforts develop media partnerships; they provide background briefings and explain the project's purposes to the media in advance; (e) successful efforts often must cross boundaries; (f) successful problem-solving projects do not rush to solution; and (g) successful problem-solving experiments succeed in part because participants learn from their failures and refuse to give up. (jas)

Elliott, S., & Sheridan, S. (1992, January). Consultation and teaming: Problem solving among educators, parents, and support personnel. Elementary School Journal, 92(3), 315-338. (ERIC Document Reproduction Service No. EJ 443 453)

This article examines the use of consultation and school-based multidisciplinary team conferences in the delivery of educational and psychological services for mainstreamed handicapped children. Step-by-step illustrations of problem solving in a consultative relationship are extended to team problem solving. Research that supports these practices is reviewed. (GLR & aws)

Epstein, M. H., Nelson, C. M., Polsgrove, L., Coutinho, M., Cumblad, C., & Quinn, K. (1993). A comprehensive community-based approach to serving students with emotional and behavioral disorders. Journal of Emotional & Behavioral Disorders, 1, 127-133.

Recent reports about the mental health status of children and adolescents with emotional and behavioral disorders, the limited availability of related services, and a lack of collaborative practices indicate a need to consider how services are provided to these individuals and their families. In this paper, the needs of this population and the costs of providing services are presented. Then the issues that are essential to developing a comprehensive, community-based approach to serving students with emotional and behavioral disorders are discussed. (authors)

Gray, B. (1985). Conditions facilitating inter-organizational collaboration. Human Relations, 38(10), 911-936.

There is a growing need to promote collaborative problem solving across various sectors of society, e.g., among business, government, labor, and communities. Organizing such collaborative efforts requires focusing on the interorganizational domain or set of interdependencies which link various stakeholders, rather than on the actions of any single organization. Moreover, effective collaboration at the domain level is based on several preconditions. This paper synthesizes research findings from organization theory, policy analysis, and organization development, and proposes conditions that are essential to achieving collaboration during each of three successive phases of the process. Designing optimum conditions of collaboration depends on the presence and strength of these factors at appropriate points during the collaborative process. (author)

Guthrie, G. P., & Guthrie, L. F. (1990). Streamlining interagency collaboration for youth at risk: Issues for educators. San Francisco: Far West Laboratory for Educational Research and Development. (ERIC Document Reproduction Service No. ED 342 137)

Although many programs and agencies exist to serve the needs of at-risk children, their fragmented organization results in a failure to meet all students' needs. Ways for agencies working together to provide integrative services to at-risk youth are presented in this paper. First, emerging principles for interagency collaboration are summarized. The four steps in developing an improvement plan are described next: mapping the territory, surveying the field, developing a plan, and getting started. Four pitfalls to avoid are also identified: (a) all talk, no action; (b) creating a superagency or person; (c) the lack of linkage between information, knowledge, and action; and (d) an excess of jargon. A conclusion is that an urgent need exists for agency/school collaboration to develop a coordinated, efficient, and child-centered system that focuses on early intervention and prevention. (9 references) (LMI & aws)

Hooper-Briar, K., & Lawson, H. (1994). Serving children, youth and families through interprofessional collaboration and service integration: A framework for action. Oxford, OH: The Danforth Foundation and The Institute for Educational Renewal at Miami University.

Designed for professionals, this monograph contains a variety of capacity-building ideas and strategies for facilitating interprofessional collaboration and service integration for children, youth, and families within communities. Section 1 presents ways to think about, and structure, interprofessional collaboration and service integration. Topics within this section include concepts such as agreeing upon norms which include building a foundation for collaboration; establishing a child-centered, family-centered guiding vision; designing consumer-guided and -delivered services; working on community development and identifying potential barriers and the strategies for addressing them. Section 2 focuses on the roles of schools in interprofessional collaboration and service integration. A rationale for school-linked and -based services is established followed by an illustration of a child-focused, family-centered, consumer-guided and -delivered, community development-oriented strategy with suggestions for role changes for both professionals and families. (jas)

Imel, S. (1992). Interagency collaboration: Its role in welfare reform. Columbus, OH: ERIC Clearinghouse on Adult, Career, and Vocational Education, Center on Education and Training for Employment. (ERIC Document Reproduction Service No. ED 347 405)

The Family Support Act (FSA) of 1988 provides opportunities for educators to form linkages with other agencies to strengthen families and help them move toward self-sufficiency. The FSA affords professionals chances to forge critical interagency connections and expand the range and capacity of programs for learners at risk. A strategy for forming effective linkages across agencies, particularly at the local level, has six steps. Step one involves assessing the need and climate for interagency partnerships. Unless a perceived need exists for interagency partnerships, they are unlikely to materialize. Step two involves getting started by formulating a tentative rationale, identifying existing linkages, and developing internal administrative support. Step three involves forming a team, identifying and selecting key players, and issuing the

invitations. In step four, partners establish a collaborative relationship. The relationship implies organizations' willingness to change the way services are delivered. A plan is developed in step five that establishes joint goals and objectives as well as steps for achieving them. Developing an action plan involves creating an effective planning environment, formulating the plan, and developing administrative support for the plan. Step six, follow up and follow through, includes actions that can ensure the plan is accomplished. (NLA)

Jewett, J., & Katzev, A. (1993, February). Defining and assessing family outcomes. Portland, OR: Northwest Regional Educational Laboratory.

The purpose of this paper is to improve the capability of research and developmental efforts to define and assess family outcomes. Five current projects at the Northwest Regional Educational Laboratory (NWREL) are cited: (a) Early Childhood Education and Assistance Program (ECEAP), a family-focused preschool program for low income families in Washington state; (b) Project Imani, a family-focused preschool program in Portland, Oregon designed to strengthen the ability of children to resist experimentation in drugs and alcohol; (c) Albina Head Start/Portland Public Schools Early Childhood Transition Demonstration Project, a program designed to help children make the transition from Head Start to school; (d) School-Based Early Childhood Centers, an assistance project to aid districts with centers for children through age eight with emphasis on parents as partners; and (e) Integration of Education and Human Service, a project to integrate comprehensive education and human services. This paper provides a conceptual framework for defining and assessing the impact of such programs on families. Focusing on family outcomes in addition to child outcomes can help agencies with separate missions work together. (jas)

Kinney, J., Strand, K., Hagerup, M., & Bruner, C. (1994). Beyond the buzzwords: Key principles in effective frontline practice (Working paper). Falls Church, VA: National Center for Service Integration.

This paper goes "beyond the buzzwords" in describing the principles of "family-centered, community-based, preventive, comprehensive and flexible" integrated services. It provides a review of the clinical and practice literature to describe more fully both the theoretical and clinical bases for believing these principles are effective. It provides a beginning checklist of questions for each principle that program developers and practitioners may consider as they seek to incorporate these principles into practice. Six principles are listed and discussed as keys to successful client change and growth. The principles are (a) emphasis on client strengths, (b) a holistic approach, (c) collaborative problem solving, (d) tailored treatment plans, (e) creation of short-term, measurable goals, and (f) skillful workers. (jas)

Kraus, A., & Pillsbury, J. B. (1993). Making it simpler: Streamlining intake and eligibility systems (Resource Brief 6). Falls Church, VA: National Center for Service Integration.

This brief describes real-life streamlining approaches applied to Aid to Families with Dependent Children (AFDC), Food Stamps, Medicaid, rent subsidies, and the

Special Supplemental Food Program for Women, Infants and Children (WIC), as well as other programs. It suggests how states and localities can develop streamlining projects, including ways around barriers such as confidentiality and turf. It groups the examples of programs under three categories: (a) policy changes, (b) administrative changes, and (c) technological changes. (jas)

Marzke, C., & Both, D. (1994). Getting started: Planning a comprehensive services initiative (Resource Brief 5). New York: Columbia University, National Center for Service Integration.

Considerable evidence that documents the failure of current systems of human services and supports enables us to address the increasingly complex needs of many children and families. "Collaboration across public agencies serving children and families, among levels of government, between the public and private sector, and between government and communities is critical to developing a more effective service system.... Many communities are beginning the process of changing their service delivery systems" (p. 5). This resource brief may help those initiating this process by summarizing some of the questions and issues that should be considered. (jas)

Melaville, A. I., & Blank, M. J., with Asayesh, G. (1993). Together we can: A guide for crafting a pro-family system of education and human services. Washington, DC: U.S. Department of Educational Research and Improvement and U.S. Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation.

The School-Linked Integrated Services Study Group was charged by the U.S. Department of Education and U.S. Department of Health and Human Services to capture the experiences of collaborative endeavors in service integration across the country and create a guide for integrating services. Two concepts basic to this guide are systems change, a revision in the way people and institutions think, behave, and use their resources and collaborative strategies, as the key to systems change. Part 1 outlines the vision for change; part 2 discusses a five-stage collaborative process which can help new and existing collaboratives enhance their capacity to change the system with attention called to the milestones that indicate progress and landmines that may not; and part 3 profiles four communities that are operating as community-based, school-linked service integration initiatives. Three resource appendices are included. (jas)

Nelson, C. M., & Pearson, C. A. (1991). Integrating services for children and youth with emotional and behavioral disorders. Reston, VA: Council for Exceptional Children.

This book provides a foundation for policy and program planners interested in developing collaborative interagency programs for children and youth with emotional and behavioral disorders (EBD). The authors present a rationale for interagency service provision by reporting child and family demographic information, discussing problems inherent in a fragmented system, and by reviewing successful integrated services efforts. The most prevalent conceptual models are provided with descriptions of these model programs. These include the Alaska Youth Initiative, the Ventura Model, and Bluegrass IMPACT. Evaluation procedures are described. The appendices provide a listing of interagency resources. (jas)

Robinson, E. R., & Mastny, A. (1989). Linking schools and community services: A practical guide. Newark, NJ: Rutgers University, Center for Community Education, School of Social Work. (ERIC Document Reproduction Service No. ED 318 929)

This handbook was written for people who want to increase access to social services for children and youth and is intended to assist those who are interested in collaborations, linkages, and networks. It describes a process that can bring about an ongoing working relationship between schools and human service agencies in a community. The process described is based on the experiences and evaluations of two pilot projects--one in a rural and one in an urban setting. Both projects are described in the preface and the appendices of the handbook. Part one of the handbook provides a brief introduction to the process. Parts two, three, and four focus on creating an effective partnership, the collaboration process, and creating a system jointly. Part five concentrates on confidentiality and parental consent, part six looks at funding, and part seven focuses on evaluation. Part eight provides a summary and recommendations. The seven appendices contain a description of Interagency and School Coordination, a School-Community Process Model; sample invitational letters; sample surveys; a sample community agency form; sample forms for teacher referral, parental agreement, and negative consent from parents; an excerpt on obtaining funding; and a resource directory. A bibliography is included. (NB)

Shelton, T. L., Jeppson, E. S., & Johnson, B. H. (1987). Family-centered care for children with special health care needs. Washington, DC: Association for the Care of Children's Health.

This report presents eight components that have been identified by parents and professionals as key elements of a family-centered approach to care for children with chronic illness and disabling conditions. Each of the eight elements, presented individually, is defined, and specific examples of family-centered approaches are discussed. Personal statements of parents and professionals, examples of programs and policies, checklists, and a resource list are also included. (jas)

Soler, M. I., & Peters, C.M. (1993). Who should know what? Confidentiality and information sharing in service integration (Resource Brief 3). New York: Columbia University, National Center for Service Integration.

This resource brief proposes that confidentiality need not be a significant impediment to interagency collaboration. Based on the work in a number of states and communities, several mechanisms exist for effective interagency information sharing that balance the interests of children and families (in protecting information from disclosure) with the interests of agencies who need to share information to work effectively. This brief draws from legal research, literature reviews, and extensive discussions with public officials and agency personnel who have addressed confidentiality concerns successfully. This brief does not aim to be a comprehensive analysis of confidentiality mandates or an exhaustive treatment of what any particular agency must do to satisfy those mandates. It is also not designed to help evade confidentiality provisions....The goal of this brief is to show that agencies can share information while respecting the rights and interests of children and families. (authors, p. 5)

Stroul, B. A. (1990, May). Child and Adolescent Service System Program technical assistance research meeting: Summary of proceedings. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.

This paper is a summary of a technical assistance meeting held to address research issues in the Child and Adolescent Service System Program (CASSP) of the National Institute of Mental Health (NIMH). The purpose was to assist university researchers and public policy makers with increasing their chances of successfully competing for research demonstration grant awards. Issues included (a) relating CASSP goals to a research design, (b) issues in research design, (c) sampling issues, (d) measures/outcomes-system outcomes, (e) measures/outcomes-client outcomes, and (f) institutional review boards. Appendices include (a) research on service delivery and systems care with recommendations for the NIMH Child Mental Health Research Plan, (b) issues in research design, (c) Vermont system for tracking client progress, (d) some possible measures of improvement to the CASSP system and service delivery, (e) protection of human subjects and (f) technical assistance resources. (jas)

Stroul, B. A., & Friedman, R. M. (1994). A system of care for children & youth with severe emotionally disturbances. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.

This monograph is intended to provide states and communities with a conceptual model for a system of care for children and youth with severe emotional disturbances. The model can be used as a guide in planning and policy making and provides a framework for assessing present services and planning improvements. The model can be conceptualized as a blueprint for a system of care that establishes directions and goals. Chapters include the following: (a) an introduction to the updated guide, (b) background, (c) a discussion of principles, (d) system components, (e) system management, (f) development strategies, and (g) system assessment. References are included at the end of each chapter. (jas)

Wolraich, M. L. (1982). Communication between physicians and parents of handicapped children. Exceptional Children, 46(4), 324-329.

The physician has an important and sometimes difficult role in communicating with parents of children with developmental handicaps. Some of the major factors which affect physician-parent communication are (a) the physician's knowledge of developmental problems, (b) the physician's attitude toward handicapped children, and (c) the physician's skill in communicating with parents. All three of these factors are crucial and interrelated; deficiencies in one of the areas may affect the physician's abilities in other areas. Details about each of the factors and training programs addressing each factor are discussed. (author)

Young, T., (1990, Spring). Therapeutic case advocacy: A model for interagency collaboration in serving emotionally disturbed children and their families. American Journal of Orthopsychiatry, 60(1) 118-123.

A model for the creation of a system of care for emotionally handicapped children and their families is presented. The model delineates a framework for modifying environments and for identifying the clinical skills necessary to do so. Coordination of the efforts of both formal organizations and natural support systems is seen as an essential component of the proposed system. (author)

IV. INTERPROFESSIONAL EDUCATION AND TRAINING PROGRAMS

The need for education and training as well as some suggestions for courses are included in the literature cited in this section. Both interprofessional training at the college level and inservice training for those already in the field are discussed.

Berry, J. O. (1992, January). Preparing college students to work with children and families with special needs. Family Relations, 41, 44-48.

This article describes an interdisciplinary college course designed to prepare students in psychology and related areas to work with children and families with special needs. Techniques are presented for meeting the goals of enhancing knowledge about developmental disabilities and chronic illnesses in childhood, including the scope of the problem and legal rights, increasing sensitivity to the impact of negative attitudes on this population, and utilizing a family systems approach. (author)

Beninghof, A., & Singer, A. (1992, Winter). Transdisciplinary teaming: An inservice training activity. Teaching Exceptional Children, 24, (2), 58-61. (ERIC Document Reproduction Service No. EJ 439 594)

Described is a training activity to introduce special educators to the transdisciplinary teaming model in comparison with the multidisciplinary and interdisciplinary models. The group activity highlights critical components of each model. It has been used with more than 100 special education team members in Connecticut to introduce transdisciplinary teaming. (DB)

Billups, J. O. (1987). Interprofessional team process. Theory into Practice:Interprofessional Education, 26,(2), 146-152.

This article focuses on the increased need for more teamwork and coordination among the professionals as their areas of specialization continue to grow. It briefly examines some basic assumptions about teamwork, explores the ideas of social process and interprofessional process, and addresses the educational preparation for interprofessional team processes. (jas)

Browning, R. L. (1987). Continuing interprofessional education, Theory into Practice:Interprofessional Education, 26(2), 110-114.

Although continuing education was once a matter of personal choice, it has become a mandatory phenomenon for many of us in the latter part of the 20th century. It is needed to deal with the knowledge explosion and the new social and ethical problems occasioned by rapid social change. Many of these changes are so complex they call for cooperative approaches to problem solving. Thus, continuing interprofessional education becomes necessary.

This article explores the assumptions guiding continuing interprofessional education and describes a variety of approaches to this many-faceted topic, taking as its example the experience of The Ohio State University Commission on Interprofessional Education and Practice. (author, page-110)

Bucci, J. A., & Reitzammer, A. F. (1992). Collaboration with health and social service professionals: Preparing teachers for new roles. Journal of Teacher Education. 43(4), 290-295. (ERIC Document Reproduction Service No. EJ 458 536)

Because the growth in numbers of health and social service professionals in schools has implications for schools, teachers, and teacher education, coordination and collaboration among these professions should be improved. Modifications that reflect the need for knowledge and understanding of human services that affect at-risk students are needed in teacher education programs. (IAH & aws)

Casto, R. M. (1987). Preservice courses for interprofessional practice. Theory into Practice: Interprofessional Education, 26(2), 103-109.

The principles central to a program of interprofessional education at the preservice level are discussed in this article. These principles include courses that cover a wide range of social and professional problems, a faculty team approach, opportunities for graduate students and practicing professionals to take courses together, maintenance of a mix of professions, and use of a case study approach. The author describes courses being offered by The Ohio State University Commission on Interprofessional Education and Practice. Included in the article are course objectives and content and teaching methodologies. (jas)

Casto, R. M. & Julia, M. C. (Eds.). (1994). Interprofessional care and collaborative practice. Pacific Grove, CA: Brooks/Cole.

Written by a team of professionals, the purpose of this book is to provide materials for those engaged in learning about the dynamics, techniques, and potential of interprofessional collaboration. Part one reviews basic assumptions, the context for collaborative practice, relevant research and literature, and the ways professionals enter their vocations. Part two presents both an overview and an in-depth discussion of the group process. Part three discusses methodologies for interprofessional practice, considers models for collaboration, as well as the processes of interprofessional teamwork and educational goals and methodologies. Part four consists of case studies and a list of selected codes of professional ethics. Part five presents a model program for interprofessional education and practice. The book concludes with a detailed review of the process used by the team of authors in writing this book and how this process of joint authorship can serve as a model for interprofessional collaboration. (jas)

Corrigan, D., & Udas, K. (in press). Creating collaborative, child and family centered, education, health, and human services systems. The Handbook of Research on Teacher Education. New York: MacMillan.

The concept of integrated education, health, and human services systems and the interprofessional development and research programs to support such integrated systems is an idea whose time has come--again. This chapter details the threats to America's children, reviews the policies undergirding new proposals for changing the status quo, and reports on integrated service programs currently in operation and the design and development of interprofessional education programs to support them. Particular implications are drawn for the role that research and development must play in creating collaborative, child and family centered, education, health, and human services systems. (jas)

Cyphert, F., & Cunningham, L. L. (1987). Interprofessional education and practice: A future agenda. Theory into Practice: Interprofessional Education 26(2), 153-156.

This article seeks to accomplish two goals. The first is to present several generalizations regarding the status of interprofessional education and practice such as the recognition of the need for society to communicate, cooperate, and coordinate efforts made to service clients, the need to build diversified models of interprofessional teams, the need for basic research in areas such as ethics, contributions interprofessional education makes to the practice itself, and alternative modes of interprofessional practice and changes in curricula. The second goal is to analyze how one can become involved in interprofessional practice through interprofessional education. The author concludes that circumstances that surround our individual lives are not likely to become less complex, and thus the challenge is to locate ways human services professionals can share their competencies through collaboration. (jas)

Del Polito, C. M. (1983). Multidisciplinary education: Core competencies for meeting the needs of youngsters with disabilities. Paper presented at Interprofessional Health Leadership Symposium for the Southeast Region. Gainesville, FL. (ERIC Document Reproduction Service No. ED 233 518)

The paper reviews the training needed by professionals in the allied health services for work with handicapped children and youth. The American Society of Allied Health Professionals (ASAHP) has conducted workshops in which roles and responsibilities for allied health personnel were identified, such as helping to coordinate health, education, and related services, and promoting interdisciplinary preservice teaming opportunities. A recent forum explored ways to achieve collaboration in programs of allied health and education and identified barriers to such coordination (including communication problems, parochialism in professional training programs, and financial constraints). Policy recommendations were made on a national level (e.g., establishing a coalition among national associations), state level (e.g., encouraging the analysis of data for training and service delivery needs), and local level (e.g., promoting formal agreements among services providers, local education agencies, and public and private agencies). A task force considered issues in the design of quality personnel preparation programs, resources, and data needs. (CL)

Dunn, V. B., & Janata, M. M. (1987). Interprofessional assumptions and the OSU Commission. Theory Into Practice: Interprofessional Education, 26(2), 99-102.

Based on the assumption that the complexities of modern life often are beyond the competence of any one human service profession, this article discusses the development of professionals into interprofessional collaborators. Three major areas of professional concern are ethical decisions, understanding of the new societal values, and the guidelines for interprofessional teams as they assess needs. The Ohio State University Commission on Interprofessional Education and Practice is focused on these issues. The goals of the Commission are to design and offer preservice credit courses and to design and make available continuing education offerings for all the cooperating professions that will address these new, complex issues. In addition, those involved within the Commission have been both theoreticians and practitioners, thus joining two areas that have often been separated. (jas)

Eldridge, W. D. (1986, November). Interprofessional education and practice: An idealistic illusion? Small Group Behavior, 17(4), 493-502

This paper discusses the general problems with current conceptualizations of interprofessional education and practice, such as not addressing the theoretical frameworks that should serve to undergird the integration, not envisioning group structures and processes for behavioral operationalization of integrated activities, and limiting attention to case situations only. This is followed by statements of specific obstacles in implementing integration between disparate professional groups such as professional isolationist attitudes, nonsupportive organizations, lack of consumer awareness and demand, and the ineffective role of higher education in selling its interprofessional product. The author concludes that challenges may need to be made to existing interprofessional education in order for changes to occur. (jas)

Fenichel, E. S., & Eggbeer, L. (1990). Preparing practitioners to work with infants, toddlers and their families: Issues and recommendations for policymakers. Arlington, VA: National Center for Clinical Infant Programs, Training Approaches for Skills and Knowledge Project.

This report discusses issues and makes recommendations to policymakers on the preparation of practitioners to work with infants, toddlers, and their families. It provides examples of promising approaches for enhancing competence through training in preservice, inservice, and continuing education, profiling 10 programs. Further, the authors suggest priorities for collaborative action among policymakers, parents, educators, and professionals to improve training. A set of core concepts in nontechnical language to be used across disciplines is presented. (jas)

Friedman, R. M., & Duchnowski, A. J. (1988, May). Service trends in the children's mental health system: Implications for the training of psychologists. Paper presented at the National Conference on Clinical Training in Psychology: Improving Psychological Services for Children and Adolescents with Severe Mental Disorder, Washington DC.

This paper discusses trends in services for children with severe emotional problems who are within the public mental health sector, as well as the need for the training of psychologists. The need for universities and public mental health agencies to complement each other is also addressed. (cml)

Friend, M., & Cook, L. (1992). Interactions: Collaboration skills for school professionals. New York: Longman.

This book deals with the interpersonal working relationships among professionals in schools. It is a guide for students and professionals to help them understand and participate effectively in their interactions with other professionals and parents in schools. This book was written for a broad audience: preservice and inservice special education, general education, and related services personnel who educate students with disabilities. The examples and activities herein focus on special service providers but are not unique to that group. What we know clearly after writing this book is that the principles for effective interaction are not dependent on roles or settings--they are universal. (authors, p. xv)

Friesen, B., & Schultze, K. (1992, August). Parent-professional collaboration content in professional education programs: A research report. Portland, OR: Portland State University, Regional Research Institute for Human Services.

This research paper is the result of materials gathered through a study on professional training curricula in schools of social work, psychiatric nursing, clinical psychology, special education, and child psychiatry throughout the United States. The purpose of the study was to locate innovative course curricula and other materials designed to promote parent-professional partnerships on behalf of children with disabilities, and specifically on behalf of children who have serious emotional disorders. The report is divided into sections by profession and contains descriptions of programs, individual courses, and published materials by author. The appendix lists all who responded to the survey. (jas)

Gallagher, J. J. (1990). Personnel preparation options: Ideas from a policy options conference. Chapel Hill: North Carolina University, Carolina Institute for Child and Family Policy.

This report summarizes discussions from a policy conference devoted to the need for personnel preparation related to the implementation of Public Law 99-457, Part H. This law provides services to infants and toddlers with disabilities and their families. Questions were addressed relating to what policies can be developed to extend and expand training resources for trainees. In addition the issue of providing personnel preparation that would effectively train professionals in an interdisciplinary approach is discussed. (author)

Gallmeier, T. M., & Bonner, B. L. (1992). University-based interdisciplinary training in child abuse and neglect. Child Abuse and Neglect, 16, 513-521.

This article presents an overview of the 10 university-based interdisciplinary training programs in child maltreatment funded in 1987 by the National Center on Child Abuse and Neglect. The organizational structure, student composition, and academic requirements of the program are described. A more detailed description of one of the programs based in a medical school is presented as a model for replication. The specific clinical and didactic components of the program's curriculum are included. Additionally, recommendations for replicating an interdisciplinary graduate training program in child abuse and neglect are discussed. (author)

Garland, C. W., & Buck, D., M. (1990). Project Trans/Team inservice training project: Final report. Lightfoot, VA: Williamsburg Area Child Development Resources. (ERIC Document Reproduction Service No. ED 344 366)

This final report describes Project Trans/Team, a three-year infant inservice training project designed to provide training and technical assistance to programs that serve children from birth to three years of age who have disabilities, are developmentally delayed, or are at risk. The project provided training to 20 programs and 282 professionals in six states: Texas, New Hampshire, Virginia, Maryland, New Mexico, and New York. In each state the project worked in coordination with the state lead agency to identify local sites and related administrative and service issues. Training and technical assistance was based on individualized program development and staff development needs. The Project Trans/Team Program Profile Need Assessment was developed to identify program and staff needs. The project developed and field tested several training units which address the transdisciplinary team approach to early intervention, family systems, transition, interagency collaboration, team building, and case management. Follow-up data showed inservice training by the project resulted in significant plans for program change in 85% of programs trained. Most frequently mentioned areas of program change were team functioning and family focus. Five appendices include sample pages of a training unit, program details, the needs assessment instrument, and a sample training agenda. (DB & aws)

Harbaugh, G. H., Casto, R. M., & Burgess-Ellison, J. A. (1987). Becoming a professional: How interprofessional training helps. Theory into Practice: Interprofessional Education, 26,(2), 141-145.

This paper is the result of a study involving 196 students and professionals from eight disciplines who took the Meyers-Briggs Type Indicator Test and completed an extensive questionnaire based on Harbaugh's (W)holistic Scales. The purpose was to determine whether or not students with certain personal characteristics were more likely to accept an invitation to enroll in an interprofessional course. Issues addressed included identification of (a) the traits that attract students into interprofessional education, (b) the ability of the student to make the transition from interprofessional training into employment, (c) how new professionals practice in such matters as their approach to clients, their development as a professional, and their degree of personal satisfaction in their work, and finally, (d) the shape of the future with interprofessionally trained

professionals. The author concludes that certain types of persons seem to be especially attracted to interprofessional courses. (jas)

Houle, C.O., Cyphert, F., & Boggs, D. (1987). Education for the professions. Theory into Practice: Interprofessional Education, 26(2) 87-93.

A review of the basics of what constitutes professional education and how competencies are acquired; the significance of continuing professional education; and the similarities and differences between interprofessional education and practice, and education for and practice in singular professions are explored in this paper. Interprofessional education is defined. (jas)

Jacobs, L., (1987). Interprofessional clinical education and practice. Theory into Practice: Interprofessional Education, 26(2), 116-123.

"In the area of professional education and practice, some degree of clinical experience is universally deemed desirable for training a student in the helping professions. Field work, apprenticeship, intern placement, and other clinical experiences provide a dimension to the professional's education that reading materials and classroom simulations do not" (p. 116). This paper discusses the various aspects of such training including four points of difference between the seminar and the conference models of interprofessional education as compared to the clinical model; the aspects of a pure clinical education model and the difficulty in actually constructing it; the degree of authority available to the students in a clinic situation; the knowledge and skill needed to be developed to function as a team; the determination of the best interests of the clients in a training clinic; and an understanding, appreciation, and respect for the professionals making up the interprofessional clinic. (jas)

Jesien, G., and others. (1992). The Wisconsin Family-Centered Inservice Project. Inservice training programs for related services (Final report). Madison: University of Wisconsin. (ERIC Document Reproduction Service No. ED 366 136)

This final report of the Wisconsin Family-Centered Inservice Project describes the development, testing, implementation, and evaluation of an interdisciplinary inservice course for early interventionists and parents. The inservice course focused on attitudes, knowledge, and skills in four principal topic areas: (a) family-centered, (b) interdisciplinary and interagency teaming, (c) service coordination, and (d) problem solving. Innovative aspects included participant's self-assessment of perceived competency level in content areas, participant selection of goals and activities relevant to the individual's life or job situation, development of an individualized learning plan based on the self-assessment, and use of interdisciplinary team teaching including parents of children with special needs as faculty. The semester-long course was field tested at three University of Wisconsin campuses, with adaptations presented in a variety of other settings. Quantitative evaluation revealed that participants exhibited significant changes in skills and knowledge and were highly satisfied with the course. Qualitative evaluation indicated that participants perceived the program as having a high impact on personal, programmatic, and systems levels. Appendices include a draft review of "Partnership in Early Intervention" by Peggy Rosin and others; a self-assessment rating scale and

individualized learning plan; and the course rating form. (Containing a bibliography of 53 items.) (DB & aws).

Lawson, H., & Hoopeŕ-Briar, K. (1994). Expanding partnerships: Involving colleges and universities in interprofessional collaboration and service integration. Oxford, OH: The Danforth Foundation and the Institute for Educational Renewal at Miami University.

The result of a three-year study, this report examines both the desire of professionals to work as teams, interprofessional collaboration, and the attempt to build "seamless" educational, health, and social services, integrated within schools. Part 1, "Report on Findings," discusses the project, the methodology for the research, and some of the changes that occurred in the original research plan due to findings in the field. One such finding was that instead of "pure models" of school-linked collaborations and service integration initiatives, "hybrids" were found emphasizing the fact that there are many variations complicating the work of identifying the implications for colleges and universities as they seek to become involved in professional preparation for interprofessional collaboration and service integration. Part 2, "The Involvement of Colleges and Universities: A Call for Action," examines the issues of (a) making the case for involvement by higher education institutions, which, when it exists, benefits both the colleges and the universities as well as the local communities; (b) expanding partnerships across the professions and disciplines as a way of revitalizing missions and gaining uniqueness; (c) the necessity of interprofessional education; and (d) the importance of gaining and sustaining faculty commitment and involvement in community collaboratives. The report ends with a discussion of the emerging and lingering questions concerning interprofessional collaboration and service integration. (jas)

McCall, R. B. (1990). Promoting interdisciplinary and faculty-service-provider relations. American Psychologist, 45(12) 1319-1324.

Some principles of promoting interdisciplinary education and research within a university and of facilitating mutually beneficial and productive relations between university faculty and community human service providers are presented. They are illustrated with examples from the operation of the University of Pittsburgh Office of Child Development, which serves these goals for more than 700 families and 585 community agencies concerned with children, youth, and families. (jas)

Mercer, C., and others. (October 1988). A university-based model of multidisciplinary services to exceptional students and related professionals. Focus on Exceptional Children, 21(2), 1-12. (ERIC Document Reproduction Service No. EJ 360 200)

The paper describes the University of Florida Multidisciplinary Diagnostic and Training Program (MDTP) which emphasizes multidisciplinary teaming in services to exceptional students, their teachers and parents, and university students. Presented are evaluation data on MDTP functions and a discussion of the implications of a university-based multidisciplinary team. (DB).

Petrie, H. (1992). Interdisciplinary Education: Are we faced with insurmountable opportunities? In G. Grant (Ed.). Review of research in education (pp. 299-331). Washington, DC: American Educational Research Association.

This chapter addresses the topic of interdisciplinary studies. The author, after citing the many studies available on the subject suggests "that an enthusiastic but naive view of interdisciplinary education could indeed lead us to 'insurmountable opportunities'" (p. 300). The author then proceeds to discuss the nature of disciplinarity, interdisciplinarity, multidisciplinarity, and transdisciplinarity as they apply in education today. He argues in favor of interdisciplinary studies since "societal problems do not come in discipline-shaped blocks" but ends with a number of questions concerning the limitations of interdisciplinary teaching and learning. He concludes with the idea that careful analysis of the issue of interdisciplinary study may make the promised opportunities surmountable. (jas)

Roth, M., & Miller, S. (1991, Fall). Transdisciplinary teaming in preservice special and adapted physical education: Practicing what we preach. Teacher Education and Special Education, 14(4), 243-47. (ERIC Document Reproduction Service No. EJ 445 782)

This study examined transdisciplinary teaming as a means to enhance integrated related service instruction for individuals with disabilities. Results of a survey of 12 preservice students studying special education or adapted physical education indicated that their perceptions and comfort in working across disciplines were more positive after viewing the processes modeled by university faculty. (DB)

Ronnau, J., & Page, M. (1991). Training manual for family advocacy services. Lawrence, KS: University of Kansas, School of Social Welfare.

This resource manual is designed to help workers meet the needs of families who care for young children with emotional or behavioral problems. Families who care for children with problems face phenomenal challenges and demands. The extent to which the family can successfully meet those challenges is the key factor in determining whether these children will be raised in their neighborhood or spend much of their lives in an institution. But despite the indispensable contribution the family can make to caring for children with emotional disabilities, scant attention has been devoted to its caregiving role. The professional services which have been provided to these families are minimally effective and often create additional problems. The Family Advocacy Model (FAM) addresses many of these shortcomings. (jas)

Sapir, S. (1986, October). Training the helper. Journal of Learning Disabilities, 19(8), 473-476. (ERIC Document Reproduction Service No. EJ 343 837)

Personnel preparation in learning disabilities should stress a broad theoretical understanding of individual differences, interdisciplinary collaboration, and working with families. These goals can best be met by generic programs with specialization only in terms of severity of learning impairment. An outline for such a two-year program is given. (author/DB)

Scott, S., with Perlowski, K. (1994). Moving from art to craft: Conversations with technical assistance providers on building capacity to assist comprehensive, cross-system reforms. Washington, DC: The National Center for Service Integration and the Institute for Educational Leadership.

This monograph, based on telephone interviews with professionals from backgrounds including law, human service delivery, formal education, mediation and dispute resolution, and child and family advocacy, was written to help define effective practices for those extending training in technical assistance and facilitative leadership to communities and state systems for delivering family services. In order to better prepare professionals to work together, the authors suggest a practical approach to the training. A "mock facilitative leader job description" was developed. (jas)

Tracy, E. M., & Farkas, K. J. (1994, January-February). Preparing practitioners for child welfare practice with substance-abusing families. Child Welfare League of America, 73(1), 57-68.

Child welfare practice and substance abuse treatment have become overlapping areas for many human service professionals. This article stresses the importance of combining perspectives, calling for the child welfare and alcohol and other drug (AOD) abuse treatment systems to deal with both the mother's recovery and the child's well-being. Changes in attitudes, knowledge, and skills are required on the part of both the child welfare practitioner and the AOD abuse treatment worker. (author)

Winitzky, N., Sheridan, S., Crow, N., Welch, M., & Kennedy, C. (1995). Interdisciplinary collaboration: Variations on a theme. Journal of Teacher Education, 46(2), 109-119.

This article describes the initiatives in the Graduate School of Education at the University of Utah to develop collaborative preparation programs for educators focused on the needs of children and youth. Three variations on this theme, a graduate course on interdisciplinary teaming, a site-based transdisciplinary educational partnership project, and the formation of the Utah Network Project to develop, implement and evaluate new approaches to collaboration among schools, are described, discussed, and evaluated. Conclusions state that (a) reform is complicated and takes time, (b) modeling must be done for students to demonstrate the capabilities we want them to develop, (c) we must alter past commitments in order to forge new ones, and (d) the issue of interprofessional development schools needs to be addressed. (jas)

Winton, P. J. (1992). Working with families in early intervention: An interdisciplinary preservice curriculum. Chapel Hill: University of North Carolina, Carolina Institute for Research on Infants Personnel Preparation, Frank Porter Graham Child Development Center. (ERIC Document Reproduction Service No. ED 347 743)

This interdisciplinary curriculum is intended as a framework for teaching a course designed for graduate students studying early intervention work with families of young children with disabilities. The curriculum attempts to provide students with information related to family theory, research, policy, and law with direct application to working with families. It provides students with opportunities to apply this information to their own

experiences as family members and as professionals working with families, along with opportunities to engage in interdisciplinary discussions and activities. The instructional objectives covered in the curriculum are at the knowledge and attitude levels, rather than at the behavioral level. Section 1 provides an overview of the development of the curriculum. Section 2 contains the course syllabus and 11 three-hour modules. Each module is described in terms of student objectives (either knowledge-based or attitude-based), suggested readings, and suggested student activities. The 11 modules cover a rationale for an interdisciplinary approach to early intervention, family theories, family adaptation, models for an empowering approach to families, the family as members of the team, identification of family resources and concerns, collaboration in goal setting and intervention, communication strategies, and service coordination. Section 3 contains course and student evaluation information. Section 4 provides a bibliography of approximately 100 references. Appendices contain a list of student competencies for working with families in early intervention, figures and tables for reproducing overheads, and training materials related to the student activities. (JDD)

Zuniga-Hill, C., & George, J. B. (1995). Developing integrated services for children and families: A cross-disciplinary approach. Journal of Teacher Education, 46(2), 101-108.

Developing a means of collaboration between community service institutions and schools in service to at-risk children, youth, and their families is the central theme of this paper. The potential role of professional development schools and one example of preservice preparation, a program within the California State University system, are examined. Current curriculum revisions, students and faculty as participants, the focus of the seminars, and the teaching methodology are discussed. Student and faculty reaction to the preservice training is outlined and a summary of the seminar experience included. It is concluded, in order to bring about collaboration, changes are required in preservice and inservice education as well as in actual practice. (jas)

V. RESOURCE DIRECTORIES AND BIBLIOGRAPHIES

Suggestions for directories and bibliographies are below. In addition, many of the papers listed in this annotated bibliography have extensive lists of references.

Bull, B., Bullis, M., & Johnson, P. (1991). Research on the school-to-community transition of adolescents with behavioral disorders. Monmouth, OR: Western Oregon State College, Teaching Research Division.

This bibliography covers the professional literature on the school-to-community transition of adolescents with behavior disorders (BD). The literature was selected according to the following criteria: (a) published in 1975 through 1990; (b) included BD adolescents (ages 13-21) as the primary group, or one of the primary groups, under investigation (because of recent exclusion of autism from the BD category and the unique characteristics exhibited by people with this condition, the authors did not include literature on this disorder, (c) described original empirical research studies (integrative reviews, position papers, and nonempirical program descriptions were not included); (d) addressed at least one of six general content areas: vocational/employment training, social skills training, independent living skills training, functional assessment practices, community outcomes, and program development issues. Educational content areas were not included because the authors wished to focus the review on social behaviors that would be most common in the daily lives of this population after they left the educational setting. This bibliography should interest postsecondary students, researchers and service providers who work with BD adolescents and young adults. (authors & aws)

Chaudry, A., Maurer, K. E., Oshinsky, C. J., & Mackie, J. (1993). Service integration: An annotated bibliography. New York: Columbia University, National Center for Service Integration Clearinghouse, National Center for Children in Poverty.

This annotated bibliography describes books, papers, and articles written about efforts at integrating and improving human services for children, youth, and families living in poverty. The bibliography has been developed for individuals working on and interested in service integration, including policymakers, program administrators, practitioners, academics and researchers, and students. The goal of the bibliography is to provide a broad but brief overview of service integration. The criteria for selecting materials were that publications be timely, relevant, and currently in print; approach the subject from a broad-based perspective; place a greater emphasis on practice than theory; and be available through a library or for purchase from the publisher or distributor. Publication and purchasing information appears on the back cover. Abstracts were prepared by staff members of the NCSI Information Clearinghouse and the National Center for Children in Poverty. Other bibliographies on specific aspects of service integration are available from the Information Clearinghouse. (author)

Kilburn, J.G., & Bishop, K.K. (1995). Interprofessional education and practice: Selected references. Burlington: University of Vermont, Department of Social Work.

This bibliography, published by Partners for Change, Kathleen Kirk Bishop, DSW, Project Director, is an alphabetically listed series of books, papers, and articles concerning interprofessional education and practice. There are 218 non-annotated references. (jas)

Kilburn, J.G., Bishop, K.K., & Vohs, J.R. (1995). Interprofessional education and practice: Family/consumer-authored literature. Burlington: University of Vermont, Department of Social Work.

This bibliography, published by Partners for Change, Kathleen Kirk Bishop, DSW, Projector Director, is an alphabetically listed series of books, papers, and articles concerning interprofessional education and practice that was family/consumer-authored. There are 45 non-annotated references. (jas)

Marks, E. L., Maurer, K. E., & Simkin, L. S. (1994) Case management in service integration: An annotated bibliography. New York: National Center for Children in Poverty and the National Center for Service Integration.

This annotated bibliography reflects current thought and practice (on case management). Given the multiple fields in which case management occurs and the relatively early stage of its research-based literature, the bibliography does not target a particular area or topic, but presents a wide array of information that reflects the diversity of publications concerning case management. Entries include materials that review case management practices and case manager functions, evaluations that consider both the process and outcomes of case management, and descriptions of case management operations. From several hundred articles, books, and monographs, we selected those that address issues of current concern and interest, focus on practices that cross organizational boundaries, and generally include young people in the population served. (authors, p. 3)

Mastny, A. (1989). Linking schools and community services: Resource directory. Newark, NJ: Rutgers University, Center for Community Education. (ERIC Document Reproduction Service No. ED 318 930)

This resource directory begins by asserting that a lack of information sharing across interprofessional disciplines presents a barrier to the development of school-community partnerships. It attempts to address this problem by bringing together a body of information and resources that deal with a variety of social issues. All organizations listed in the directory deal with partnerships in some form. Organizations are listed according to different topical areas and, in several instances, organizations have been cross-listed under different categories. A brief summary explains the scope of interests of each organization. Organizations are listed under the topics of adolescent pregnancy and teenage parenting; child abuse, neglect, and sexual abuse; child advocacy; dropout prevention; drug and alcohol abuse; educational resources; family life education and sex education; health care; human immunodeficiency virus and acquired immune deficiency syndrome (HIV/AIDS) education; homelessness; mental health and counseling; youth employment and training; groups that promote partnerships; and others. (NB)

Stafford, B. G., and others. (1994). A review of literature on coordination, an annotated bibliography, and a survey of other collaborative efforts. A product of the CARE Linkages Project. Nashville, TN: Children's Services Commission. (ERIC Document Reproduction Service No. ED 251 235)

One of four volumes regarding the CARE (Children's Agencies Resources, Etc.) Linkages Project of Tennessee, this document contains (a) a review of literature concerning collaboration among social agencies; (b) an annotated bibliography of publications gathered during the literature review; and (c) a summary of the results of telephone surveys made of other interagency collaborative efforts. Section 1, the literature review, covers the historical theories of coordination, and various collaborative models. It also describes research concerning factors that encourage or discourage collaboration, the collaborative process, and the benefits resulting from collaboration. Section 2, the annotated bibliography, is organized according to the following subject areas: historical development of coordination, theory, models, process of collaboration, research, other collaborative projects, and related reading. Section 3, the summary of the telephone survey, describes the background, model, process, and assessment of eight collaborative projects. The goal of the survey was to gather information on projects similar to the CARE effort that had not been fully reported in the literature. A copy of the telephone questionnaire is included. (CB & aws)

The Commission on Interprofessional Education and Practice: Listing of Publications. (1993). Columbus, OH: The Ohio State University, Commission on Interprofessional Education and Practice.

This listing of publications from the Interprofessional Commission of Ohio contains selected books; series, proceedings, and monographs; theses and dissertations; audio-visual resources; articles; publications in process; and continuing publications. It concludes with a listing of occasional papers, books, periodicals, and monographs for sale by the commission. (jas)

VI. PUBLICATIONS OF INTEREST IN UNDERSTANDING CHALLENGES FACING CHILDREN AND THEIR FAMILIES

Papers, books, articles, and monographs that are of general interest are numbered below. Many of them, books especially, are the "wake-up calls" that have emphasized the use of integrated services programs in addressing the social issues of today.

Abramson, M. (1984, Fall). Collective responsibility in interdisciplinary collaboration: An ethical perspective for social workers. Social Work in Health Care, 10(1), 35-43.

This paper analyzes the meaning of collective responsibility in interdisciplinary collaboration in health care from a social work perspective. Three questions about collective decision making are considered: (a) How ought moral agency and responsibility be allocated in collective decision making? (b) How does each member of a collective decision making group exert his or her own moral agency and what is the extent of the responsibility to do so when one disagrees with the group's decision? (c) In the face of conflicting obligations, to whom is moral responsibility primarily due? Preliminary guidelines for enhancing collective responsibility in teams are suggested. (author)

Adler, L., & Gardner, S. (Eds.). (1994). The politics of linking schools and social services (Education Policy Perspective Series). Washington, DC: The Falmer Press.

This volume brings together a wide array of research and public policy issues to focus on a new configuration of service provision--linking schools and social services. It also attempts to capture the scope of the enterprise at a rather early stage--the first stages of implementation in some states. The authors have tried to "walk the thin line" between providing a work that is purely theoretical and one that is a handbook for practitioners by situating this proposed policy direction in a theoretical framework and, at the same time, by being "close to the ground" in describing what is actually happening as the policy is implemented. The following topics: (a) cross-national perspectives, (b) state and local perspectives, (c) the role of universities, and (d) lessons from the field are addressed. A conclusion by Sidney L. Gardner completes the volume. (jas)

Childs, J. M. (1987). Interprofessional approach to ethical issues. Theory into Practice: Interprofessional Education, 26(2), 124-128.

This article addresses the issue of ethics in the helping professions. First the need for cooperation among the professions is discussed which includes the differences in perspective of the various groups and the limitations of these groups. A holistic approach is suggested as a way of addressing ethical problems and how this constitutes a benefit both to those served by the professions and those engaged in the professions. (jas)

Cole, R. F., with Poe, S. L. (1993) Partnerships for Care. Systems of care for children with serious emotional disturbances and their families (Interim Report of the Mental Health Services Program for Youth). Washington, DC: Washington Business Group on Health.

This is a progress report on the sites taking part in the Robert Wood Johnson Foundation's Mental Health Services Program for Youth (MHSPY) project which began in 1990. This report reviews the history leading up to awarding of funding to the individual projects, describes the progress made to date, lists the steps taken to complete the programs at each site, describes the MHSPY composite for a multiagency system of care and concludes with a discussion of the future. The following projects are included: California: Family Mosaic; Kentucky: Bluegrass IMPACT; North Carolina: Children's Initiative; Ohio: Connections; Oregon: The Partner's Project; Pennsylvania: Parent and Child Cooperative; Vermont: New Directions; and Wisconsin: Project FIND. (jas)

Corrigan, D. (1994). Future directions of partnerships in education: Schools, universities, and human service systems. In M.J. O'Hair & S.J. Odell (Eds.), Partnerships in Education: Teacher Education Yearbook II (pp. 281-292). Fort Worth, TX: Harcourt Brace College Publications.

This paper addresses the rapid changes in the fabric of our society that have signaled the need for changes in our social institutions and in our professional practices. This article begins with a list of 14 major challenges faced by society today. The need for our existing service delivery system to become coordinated and partnerships between educational and community agencies to occur is discussed. The need for interprofessional preparation within our colleges and universities is stressed along with the need for continuing education efforts for the professions. Interprofessional development schools and the responsibility of the Association of Teacher Educators is also reviewed. In addition, the role of the recently established Association of Teacher Educators Commission on Leadership in Interprofessional Education is presented with a detailed explanation of its charge to further the work of the emerging collaborative systems. (jas)

Dryfoos, J. (1994). Full service schools, A revolution in health and social services for children, youth and families. San Francisco, CA: Jossey-Bass.

This book describes the movement to create an array of integrated support services in schools that respond to the declining welfare of many American families and the rising "new morbidities" of sex, drugs, violence and stress among youth. A significant consensus is emerging that schools cannot do it alone. Demands for more comprehensive, collaborative, unfragmented programs located in schools are coming from a wide spectrum of individuals and organizations. Chapter headings include (a) The Full Service Vision: Responding to Critical Needs, (b) School-linked Services: The Historical Precedents, (c) Support Services and Quality Education: A Range of Possibilities, (d) School-based Clinics: A Look at Pioneer Programs, (e) Realizing the Vision: Two Full-service Schools, (f) Evaluating the Potential of School-based Services, (g) Putting the Pieces Together: Organizational and Service Delivery Issues, (h) Who will Pay? Local, State, and Federal Perspectives and, (i) A Call for Action. Three appendices are included. (jas)

Garbarino, J., Dubrow, N., Kostelny, K., & Pardo, C. (1992). Children in danger: Coping with community violence. San Francisco: Jossey-Bass.

This book was written for the professional: the teacher, social worker, psychologist, and community worker who work in the inner city community where the poor and socially isolated live dominated by gangs with an atmosphere of shootings, stabbings, domestic violence, child abuse, aggravated assaults, and rapes. Chapters include (a) the meaning of danger in the lives of children, a discussion of the social ecology of the community and its effect on children; (b) children in war zones from Mozambique to Chicago, a look at children who live in war zones in other countries and their survival skills compared with similar war-like situations in American inner cities; (c) the developmental toll on inner city life, the difference between children under 11 years of age and over 11 years of age and their ability to cope with the dangers of impaired intellectual development, "learned helplessness," and pathological adaptation to violence; (d) clinical outcomes and post traumatic stress disorder, where children can be primary as well as secondary victims of violence and the aftermath of the violence; (e) resilience and coping in children at risk, children who, with a secure caregiver, stable conditions and strong beliefs, can survive with a healthy outlook, (f) school as refuge, a belief by the authors that schools can provide the needed stability (g) Ramon and his school, a case study of a successfully run program; (h) developing supportive settings for children at risk with assistance of a caring society; (i) helping teachers help children, a look at teacher needs as they face the same frightening atmosphere and problems as the young children, but where children have little understanding of the violence; and (j) the healing role of play and art, a way to help youngsters cope with their community through understanding of their world as demonstrated in their play and their artwork. The final chapter deals with reducing the multiple risk factors in the inner city communities to allow children to grow up mentally and physically healthy. (references)(jas)

Gutkind, L. (1993). Stuck in time, The tragedy of childhood mental illness. New York: Henry Holt.

This book, through the stories of three individual children who represent the estimated 7.5 to 9.5 million U.S. children who suffer from serious mental health problems and are therefore, "stuck in time," details three years worth of research into bureaucratic decisions, parental care issues, and welfare agency decisions. The key question concerning whether or not the current system should be flexible enough to accommodate children with serious mental illnesses and their families is answered with a "Yes," with the conclusion that it will take new leaders who are not afraid to make mistakes, leaders who will reject outmoded treatment, and leaders who are willing to make new inroads into treatment for these children to bring about the needed change. (jas)

Heneson, L. (1992). The Secretary's initiative on child abuse and neglect. Children Today, 21(2), 4-7.

In the summer of 1990, the Secretary of Health and Human Services, Louis W. Sullivan, M.D., created an initiative to call attention to the need for broad nationwide participation in preventing and treating child abuse and neglect. The initiative took form

around three key components: (a) increasing public awareness of the problem of child maltreatment; (b) promoting intra-and interagency coordination of child abuse and neglect activities; and (c) encouraging all sectors of society to cooperate in combatting child maltreatment. This paper documents the realization of this initiative after nearly two years of team work by representatives from the Administration of Children and Families, the Offices of the Assistant Secretaries for Planning and Evaluation and Public Affairs, the Public Health Service, and the Deputy Undersecretary for Intergovernmental Affairs. (jas)

Hewlett, S. A. (1992). When the bough breaks. The cost of neglecting our children. New York: Harper Perennial.

Based on both the author's experiences as a volunteer with homeless children in New York City and Westchester County and as the executive director of the Economic Policy Council which conducted a study panel on corporations and bridging work/family issues, this book details the plight of today's children from the child's point of view. The children, rich, middle class, and poor and the problems of poverty, divorce, out-of-wedlock births, absentee parents, latchkey children, violence, and drugs are considered. Written in the language of economics, some of the solutions offered are based on cost-benefit analysis although the issues faced go beyond material objectives. The current role of women today both in the workplace and in the home, the push to earn money and accumulate power, and the slow pace of change in establishing public policies, all join together to put stress on child rearing. The author concludes that beyond economic benefit, changes are necessary because care of our children is simply the right thing to do. (jas)

Kozol, J. (1991). Savage inequalities: Children in America's schools, New York: Harper Collins.

This book relates the experiences of the author as he visits a variety of public schools within the major metropolitan areas of East St. Louis, Missouri; Chicago, Illinois; New York, New York; Camden, New Jersey; Washington, DC; and San Antonio, Texas. Comparisons are made among the school districts within each area. Topics addressed include dollars per child spent in the district on academic pursuits, availability of equipment such as computers, learning materials and sports equipment, condition of the physical plants, and the living and social conditions in the neighborhoods surrounding the schools. Schools and their students are compared and contrasted in light of these issues. The differences and similarities among the areas were noted. (jas)

Lipsky, D. K. (1985, October). A parental perspective on stress and coping. Paper presented to the Governor's Conference on Family Supports, Albany, NY. American Journal of Orthopsychiatry, 55(4), 614-617.

This paper discusses the pervasiveness of professional prejudice toward parents and professional misconception surrounding the stress parents face in caring for their disabled children. The author discusses the various roles that the parent and the professional plays in the decision making process of child care and how these roles often reinforce the role

of the professional. The paper concludes with four sets of limits found in research literature concerning these roles and a discussion of the necessity for making broad policy changes at the local, state, and national level concerning the social and economic support system for disabled children and their families. (jas)

No place to call home: Discarded in America: A report together with additional and dissenting views of the Select Committee on Children, Youth and Families, House of Representatives, 101st Cong., 1st Sess. (1989). (ERIC Document Reproduction Service No. ED 316 631)

This report concerns the present status of children in troubled families and the quality of the child welfare, juvenile justice, and mental health services they receive as compared to 10 years ago, based upon the findings of the House Select Committee on Children, Youth and Families. In Chapter 1, "Children and Families in Crisis," the following findings are discussed: (a) more children are in out-of-home care; (b) children's needs are more severe; and (c) children who are receiving services still risk harm. In Chapter 2, "Children's Services in Crisis," the following findings are discussed: (a) state and local agencies and courts are overwhelmed with cases; (b) services are limited due to staffing problems; (c) current services are uncoordinated and fragmented; (d) financing mechanisms and funding are inadequate and misdirected; (e) federal enforcement and oversight are weak; and (f) essential data are unavailable for a complete analysis. In Chapter 3, "Promising Programs to Prevent Placement," the following findings are discussed: (a) prevention and early intervention are less costly and more effective; (b) there is growing support for family preservation and community-based services; (c) there has been growing interest in comprehensive, coordinated, and integrated children's services; and (d) despite the increasing interest, there are still too few programs and little financial support. Seven charts are included. The following items are appended: (a) 13 tables, (b) 177 references, (c) children in substitute care survey instrument; (d) an annotated list of federal programs affecting children in state care; (e) a listing of state-by-state litigation on behalf of children in state care; and (f) principal findings of a survey, "Addicted Infants and Their Mothers." Additional and dissenting views on the status of troubled children and welfare services are included. (JS & aws)

The future of children: School linked services. (1992, Spring). Los Altos, CA: The David and Lucille Packard Foundation, Center for the Future of Children, 2 (1).

The purpose of this report is to provide an overview of the complex proposal for schools to play a significantly increased role in the coordination and/or provision of health and social services to children and families. Chapter headings include: 1) Analysis, (an analysis of the primary rationale behind integrated, school-linked services); 2) Health and social services in public schools: historical perspectives; 3) Overview of service delivery to children; 4) Look at current school-linked service efforts; 5) Financing school-linked, integrated services; 6) Evaluation of school-lined services; 7) Key issues in developing school-linked, integrated service; 8) Getting ready to provide school-linked services: What schools must do; 9) Concerns about school-linked services: Institution-based versus community-based models; 10) Current activity at the federal level and the need for service integration; and 11) Child Indicators, Dropout rates for high school

students. Appendix A discusses confidentiality requirements and describes a few strategies used to satisfy or alter these requirements. Appendix B, Evaluation in a Sample of Current School-linked Service Efforts, recounts 16 current school-linked service efforts and their plans for evaluation. (jas)

Schorr, L. B. with Schorr, D. (1989). Within our reach: Breaking the cycle of disadvantage. New York: Anchor Books.

This book examines factors contributing to negative outcomes for at-risk children and families in the United States. The high cost to individuals and society are presented. The author discusses the impact of the political process on policy decisions affecting support services for the economically and socially disadvantaged. Having described the problems within the system, she provides supporting evidence for a number of program approaches. The author emphasizes preventive services and analyzes 17 effective programs in family planning, prenatal care, child health, child welfare/family support, child care, and preschool/elementary school education.

The author asserts that effective approaches have been identified based upon a combination of theory, quantitative data, research, and experience. Successful programs are comprehensive, intensive, employ high quality professionals who have the time to be effective, and tailor support to the specific needs of individuals and families served. She emphasizes that such support is not cheap. When evaluating the effectiveness of programs, it is important to measure benefits in terms of both human and fiscal outcomes. The book concludes by restating the importance of overcoming the myth that "nothing works" so that we can proceed with what has been shown to be effective. (cml)

Schorr, L, Both, D & Copple, C. (1991). Effective services for young children: Report of a Workshop. National Forum on the Future of Children and Families, National Research Council, Institute of Medicine, Washington, DC: National Academy Press.

This report, based on the workshop, "Effective Services for Young Children", presents a summary of the deliberations of the workshop. The workshop itself was based on two assumptions: (a) a great deal is now known about how to make early education, health programs, and social services more effective and (b) local communities are having a hard time improving services within the context of existing institutional and bureaucratic structures. The purpose was to identify strategies to improve the effectiveness of programs and policies for young children and families.

Papers presented at the workshop are included in this report. Topics include attributes of effective services for young children, lessons from the past and strategies for the future, state financing strategies that promote more effective services, the challenges of services integration, the role of training and technical assistance, collaboration as a means of serving disadvantaged children and families, and outcomes as a tool to provoke systems change. (jas)

Sherman, A., with Edelman, M., & Solow, R. (1994) Wasting America's future, The Children's Defense Fund report on the cost of child poverty. Boston: Beacon Press.

This book, a report from the Children's Defense Fund, describes the cost of allowing American children to grow up in poverty and, how, with some forethought now, we can begin to eliminate the problems this poverty will cause in the future. Chapter 1 defines child poverty and shows it exists. Chapter 2 documents the existence of plausible biological and social pathways through which poverty can do lasting harm to children. Chapter 3 describes the outcomes and effects on children, and chapter 4 offers estimates of some of child poverty's effects on the economy. The report concludes that although there are seemingly insurmountable problems, they can be broken down into manageable pieces, as detailed in this report, and resolved in a practicable, hard-headed and affordable way. (jas)